

MEMOIR OF

ROBERT FLETCHER
1823-1912

by
Estelle Brodman, Ph.D.
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ILLUSTRATIONS

Traditional Picture of Fletcher

*Fletcher at time of Civil War (Either superimposed on above or separate)

Military Hospital No. 1, Nashville, Tennessee

Medical Purveyor's Office, Nashville, Tennessee

*Fletcher and Garrison in Library Hall

*Never before published-gift of family

CHAPTER I

Backgrounds and Early Days

Robert Fletcher, physician, hospital administrator, bibliographer, Principal Assistant Librarian of the Library of the Surgeon-General's Office, Editor of the Index-Catalogue and Index Medicus, statistician, anthropometrist, and amateur folk-lorist, was born in Bristol, England on March 6, 1823, the fourth child in the family and the only son of Robert and Ester Wall Fletcher. His early schooling was in his native city. After he finished his preliminary education there he entered his father's office for the study of the law, but two years later decided that medicine was more to his liking and in 1839 he began to attend the local medical school.

Bristol was a flourishing mercantile town in the 18th century; by the 1730's its population had grown to the point where communal efforts to take care of the sick were needed, and it is not surprising therefore, to find that the prevailing humanitarian spirit of the Age of Enlightenment led to the founding of a hospital for the aid of the sick poor at this time. The Bristol Infirmary (whose name was changed in 1850 to the Bristol Royal Infirmary) was founded by a group of citizens in 1735 or 1736, and soon became one of the largest and most successfully run of the British provincial hospitals. Early in the 19th century it had accommodations for over 200 patients and it treated more than 25 times that number each year as out-patients. From the very beginning it had physicians, surgeons, and apothecaries on its staff; and it not only allowed these officers to have apprentices and pupils, but it actually

arranged to use these pupils in rotation as emergency house officers in much the same way that modern interns and residents are used by teaching hospitals today. Its nursing service appears to have been somewhat better than that of London hospitals, perhaps because in a smaller city it was possible to know more about individuals applying for positions than was true in a city the size of London, and its food compared favorably with similar institutions of its time.

Bristol was also supplied with other medical educational institutions. By the first decade of the 19th century it had a private school of anatomy, and by the 1820's there were no less than two schools of medicine, one an outgrowth of the anatomy school, called the School of Anatomy and Medicine, and the other called the Bristol Medical and Surgical School. The first was recognized by the Society of Apothecaries and the second by the Royal College of Surgeons. The two schools united in 1833 to form the Bristol Medical School, which used the infirmary as its hospital, and later this became part of Bristol University. It was the Bristol Medical School which Robert Fletcher attended.

Practitioners of the healing arts in England in early Victorian days were either Physicians, Surgeons, or Apothecaries. Each group was educated differently; members of each group tended to come from different social classes, and their lives and practices after qualifying were generally different. Early in the nineteenth century, the amount of knowledge required to practice medicine or surgery was very small; as the century progressed, more and more voices were raised to suggest--indeed, demand--reform in medical education and licensure; until the

agitation culminated in the reform bill of 1858. During the period when Robert Fletcher was studying medicine, however, the Apothecaries Act of 1815 and earlier surgical and medical laws still held sway.

The term "physician" in early 19th century England was reserved almost exclusively for Fellows of the Royal College of Physicians--consultants, or specialists, generally situated in London. They were, theoretically, well educated, scholarly professional men, trained in knowing and learning, and not technicians trained in doing. Again theoretically, they did not accept fees, although this fiction was not observed nearly so forcefully as the present refusal of fees by "amateur" sportsmen. By a law of 1676, promulgated by Charles II as legislation against Catholics, a prerequisite for a diploma from the Royal College of Physicians was a degree from Oxford or Cambridge, obtained either by studying there or by being incorporated into these bodies as a result of examination or otherwise. In actual fact, however, the Royal College of Physicians enforced this law with different amounts of rigor at different periods of history; but it should be remembered that London University was founded in 1825 primarily to provide a university degree for those who were barred on religious grounds from taking one at the older universities. The supremacy of a degree from Oxford or Cambridge was acknowledged universally; even the Royal College of Physicians conceded that the holder of such a degree could practice medicine anywhere (except in London and seven miles outside it) without bothering to take the examinations set by the College.

The College conferred two different licenses: its regular Licence allowed practice in London and a magic seven mile limit, while the Extra-Licence allowed practice elsewhere throughout the Kingdom.

A student preparing to sit for the examination for one of these licences need only have graduated with an Arts degree, attended three terms of lectures by the Regius Professor of Medicine, and been matriculated at the University for six years all told. In addition, in Cambridge in the 1829's and 1830's the student must have witnessed two dissections and debated two medical questions publicly. Because Oxford and Cambridge offered so little to medical students, most candidates for the Royal College licence studied elsewhere (Padua, Bologna, Leyden, or Edinburgh) or spent a year or more "walking the wards" of a hospital, where in addition to observing patients and talking to the attending staff they might enroll in private classes in anatomy, chemistry, or *materia medica*. Many candidates for the degree, FRCP, had already practiced for years while still nominally "students." Many of the physicians in London and other large cities became wealthy in a very short time, and even in smaller towns, the physician was sure of a well-paying practice.

In contradistinction to the practice of medicine by the physician in Victorian times, surgery was considered not a learned profession, but a practical trade. Surgeons treated patients by the operations of their hands, and the best surgeon was the most skillful operator. Without anesthetics the rapidity with which an operation could be performed was the mark of the ability of the operator; consequently a thorough and complete grounding in anatomy was the sine qua non of a surgeon. In theory surgeons worked under the direction of the physicians, and the right of surgeons to prescribe drugs for the patients under their care was not won easily.

Although the work of John Hunter in the 1780's and 1790's had tended to elevate surgery from a purely technical method to one grounded in a knowledge of physiology and pathology, the status of the surgeon in the 1830's was still below that of the physician. A contemporary of Hunter's who said of him, "He alone made surgeons gentlemen," gives a picture of the feeling of British society about surgeons--a view not completely erased by the time Robert Fletcher was a student. Mrs. Gaskell, writing her novel Cranford in the mid-1830's, pictures the country surgeon, Mr. Hoggins, as the eldest son of a rich farmer who had no pretensions about belonging to the upper classes, and who augmented his professional income by training apprentices.

Mr. Hoggins, however, as a general practitioner in a country town, may very well have combined a license as a surgeon, obtained from the Royal College of Surgeons in London, with the qualifications of an apothecary, to form what is now considered the ordinary general practitioner. The change from a single qualification to double qualification came about during the time that Robert Fletcher was studying medicine.

The prerequisite for entrance to the examination of the Royal College of Surgeons at that time was a single course in anatomy and another in surgery, plus a year's attendance on surgical practice in a hospital. Most candidates for the examination, however, had had apprenticeships of from three to five years before entering the hospital and a number had attended lectures at Edinburgh, Leyden, or other universities, or in the special hospital medical schools in London or in the provinces and may already have practiced for a number of years. The examinations were oral, except in doubtful cases, when the candidate might be asked to present a written paper.

Since early apothecaries came from the lower and middle classes, they tended to cater to similar economic and social groups; consequently their fees were moderate in comparison to those of either physicians or surgeons. It was probably inevitable that the poorer people should turn to the apothecaries rather than to the physicians when in need of medical advice. Apothecaries in the 17th century prescribed as well as sold drugs, and a ruling of the House of Lords in 1703 gave them the legal right to visit and prescribe for the sick. Their fees, however, were at first restricted to those obtained from the sale of their drugs, and this naturally sometimes led to abuses and over-drugging, and not until 1830 was this ruling changed.

The Apothecaries Act of 1815 specified that a candidate for the license of the Society of Apothecaries must have had five years' apprenticeship to a licensed apothecary, and must present certificates of having attended two courses of lectures of anatomy and physiology, two on the practice of medicine, one on chemistry, and one on *materia medica*. In addition to this, he must have been a student in a hospital, infirmary, or dispensary for six months. In 1827 training in midwifery was added as a prerequisite. The candidate's latinity was examined by requiring him to translate in writing sections of the Pharmacopoeia Londinensis and prescriptions; the rest of the examination was oral.

These requirements were greater than those for entrance to the examinations for the Royal College of Physicians or for the Royal College of Surgeons, though in actual practice probably most of the physicians and surgeons were better grounded than was legally required. It is obvious that in the Apothecaries' rules lay the basis for the first

modern medical curriculum; if to these requirements was added surgical knowledge, the candidate would be qualified both by education and by law to act in any medical capacity. It is not surprising, therefore, that many sought medical licensure through the Society of Apothecaries. By the middle of the 19th century, it is estimated, three-fourths of all the physicians practicing in England were qualified through examinations of the Society of Apothecaries.

Although the 19th century had started with the three orders of medical men completely separated--i.e., physicians, surgeons, and apothecaries--the exigencies of life demanded a medical man who could handle whatever ills befell a person. In more primitive societies, such as the United States or in exploring groups, where the total supply of men was limited, medical specialism was not possible and the surgeon-apothecary was the commonplace. For economic reasons specialism was not useful among the lower and middle classes; while the obvious fact that the sick person is hardly every able to determine by himself the kind of medical care he needs intensified the desire for a medical man trained to meet all eventualities. Simultaneously with the pressure from the growing middle class for universal medical attendance, there was the impact of the 19th century growth in surgical knowledge which was based upon expanded physiological information. The result of these stresses was the development of what was first called the "Surgeon-Apothecary" and later "the general practitioner." Such a man received training in the practice of medicine, based primarily on anatomy, physiology, and *materia medica*; in surgery, founded on anatomy, physiology,

and later what became known as morbid anatomy (or pathology); and in midwifery, generally learned through hospital and private practice. In addition he had studied pharmaceutical chemistry and could compound drugs. Such a system became so much the standard for the education of physicians in England in the first portion of the 19th century that it was tacitly taken over by the Medical Act of 1858, and became the foundation of the later Conjoint Board. (A good outline of the struggle to reach this position, which did not come about without both lay and professional opposition, is given by George Eliot in Middlemarch.)

Medical students who wished to practice as general medical men usually took the qualification examinations of both the Apothecaries and the Surgeons. The former required five years of apprenticeship, and to meet this requirement Fletcher was articled to Surgeon Henry Clark of Bristol in 1839, although his formal studies at the Infirmary did not begin until 1840. In February 1838 the Board of the Infirmary had set up a new code to take care of the many students from the Medical School who wished to get their clinical training at the Infirmary. In this code the fees of the "general" students were divided into segments, part going to the Infirmary, part to the Physicians, and part to the Surgeons or Apothecaries. Under this system students were not necessarily attached to one chief, but were the students of all in rotation. In any case Fletcher must have been busy with pre-clinical studies of anatomy, physiology, chemistry, *materia medica*, and compounding during his first year and could have had little time or even the requisite knowledge to serve at the hospital.

The reorganization of the Infirmary which resulted in the "general" students also set up a students' medical library. A Library Committee was formed and an "Acting Librarian" appointed who prepared a catalog of the collection and who appears to have had as much difficulty obtaining the return of overdue works as any other such official. In addition to this educational venture which occurred while Fletcher was a student, there was a "Bristol Medical Students' Literary Society" where papers of professional and general literary interest were presented. The Bristol Branch of the Provincial Medical and Surgical Society (later the British Medical Association) was also new and vigorous during Fletcher's student days. The members of the faculty of the School and other physicians and surgeons practicing in Bristol had access to a Medical Reading Club; in this club, books and journals were purchased jointly and passed around to the members, usually at a monthly supper party of some conviviality. It is thus obvious that Bristol was well supplied with means for professional education outside the confines of the school, and it is interesting to speculate whether Fletcher received the impetus for his later omniverous reading as a result of these opportunities, or whether he himself might not have been either one of the founders of the Literary Society or a prime mover in the Library.

Fletcher studied as a medical student at the Infirmary for one year (October 1, 1840 to September 1841) and as a surgical pupil for 18 months (October 1841 to April 1843). After he decided to emigrate to America, he must have attempted to collect all his diplomas and

credentials, because his certificates from the Bristol institution are dated in the Spring of 1846. The medical Certificate is signed by G. Wallis, Henry Riley, Gilbert Lyon and James F. Bernard; while the surgical diploma bears the signatures of John Harrison, W. F. Morgan, Henry Clark (his preceptor), and William P. Green. Fletcher would also have known Charles Redwood Vachell, who served as House Physician and Apothecary to October 1840 and Charles Greig, who held that post after October 1840, since the person who held this office had charge of all the students and thus had more influence on their education than any one else. Most of these men mentioned above taught at the Medical School as well as serving at the Infirmary, some of them after Fletcher had ceased to be a student in the medical school; this circumstance is due to the interval between his leaving Bristol and the issuing of his diplomas. On the whole, they were probably excellent teachers and well grounded professional men, but they appear to have published comparatively little and do not seem to have gained a reputation beyond their own locality.

In the certificate on his clinical work in medicine, the physicians of the Bristol Infirmary added in handwriting on the printed form a few phrases characterizing Fletcher's work. "The physicians to the Bristol Infirmary," they noted, "do hereby certify the Mr. Robert Fletcher has attended the medical practice at this Institution for one year, during which time he was kind to the patients and very zealous after knowledge." The surgeons in their turn noted that "Mr. Robert Fletcher has attended

our Practice at this Hospital as a Pupil for the space of one year and six months, with much diligence and attention." These characteristics -- kindness to patients, zeal after knowledge, and diligence and attention to his work -- were to remain with Fletcher throughout his life. The very next year after he qualified for practice by examination before the Apothecaries and Surgeons, he went to school, at the London Hospital, for 18 months for further "medical practice and clinical lectures." Here he was the pupil of James Luke, who was later to be the President of the Royal College of Surgeons.

In 1841 Fletcher matriculated at the London University, which was then only a degree-conferring institution without resident students. Meanwhile he continued his medical schooling in Bristol. Finishing there in April 1843, he proceeded to London to prepare for the next portion of his life. There he found and furnished a place to live and there on September 17 he married Hannah Howe, also of Bristol, in St. Martin's-in-the-Fields, Middlesex. He took only a short honeymoon, for by October 10 he had already started as a Dressing Pupil in Surgery at the London Hospital. He remained in that post for a full year, and during this period he studied for his examination at the Society of Apothecaries, which he passed on May 2, 1844. He evidently had no plans to remain in London, for he took the Extra-Licence, which entitled him "to practice in any part of England and Wales, except the City of London, the Liberties or Suburbs thereof, or within ten miles of the said city."

At the expiration of his work as a Dressing Pupil, Fletcher sat for his examinations at the Royal College of Surgeons. On November 1, 1844 he was found "fit and capable to exercise the Art and Science of Surgery." On his diploma (no. 433) his address is given as Bristol, but it does not have the restrictions about practice in London. It would appear, therefore, that some time between May and November of 1844 Fletcher decided to remain in London and set up practice there. What prompted the change in his plans is unknown, as is equally unknown what caused him to decide to emigrate to the United States less than two years later. He used the interval for further attendance at the London Hospital; there is a presumption here that, like Arthur Conan-Doyle's, Fletcher's practice in the early years left him much free time. Perhaps the need to earn more money, now that he was married and the father of one child and expecting a second, was the stimulus which led him to think first of remaining in London and then of leaving the country entirely for a wholly new world. At any rate, by the early Spring of 1846 his resolution to try his fortune in a new country had been taken. Beginning in January of that year, Fletcher set about collecting all his diplomas and credentials to take with him to a land where he was not personally known for use as evidence of his training and experience.

In an autobiographical sketch Fletcher says that he spent six months travelling through the United States before he settled down to practice medicine in Cincinnati. How this must have seemed to his wife is unknown, but travelling through what was then very wild territory

with one child less than two years old and with another about to be born must have been an ordeal. The second child, another son, named Stephen Robert was born in Chicago in July 1846, and died within two months. It was surely a trying time for the entire family, and one can surmise that Mrs. Fletcher welcomed the decision to remain in Cincinnati.

Within two years after Robert Fletcher qualified for medical practice in England he emigrated to the United States, and except for a six-month return visit to Europe ten years later, he remained in that country for the rest of his life. It is therefore instructive to compare his education and training with that of the American physicians with whom he came in contact.

As has been noted earlier, the needs and opportunities of a pioneer community tended to dictate the forms of medical practice, and these in turn shaped the medical education offered a student. The United States in the 1840's was sparsely settled; its population was just over seventeen million (density of population 9.7 per square mile). More than half the inhabitants were under 30 years of age and almost all (over 15 million out of 17 million) lived in rural areas. The center of population was still very close to the Atlantic seaboard. A person at birth could expect to live about 40 years and during his life was likely to suffer from accidents, malaria, malnutrition, and the enteric fevers (typhoid and paratyphoid), while the country might have an occasional epidemic of yellow fever, diphtheria, or other infectious disease of childhood. Throughout the country there were

approximately 30,000 physicians and 1,000 dentists of all degrees of skill and training. Besides a few old general hospitals in the eastern cities of Boston, New York, and Philadelphia, the only hospitals were likely to be pest hospitals for quarantine of sailing vessels, and home care of the sick was definitely the treatment of choice, both in the North and in the South, where each large plantation provided "sick quarters" for slaves on the plantation grounds.

Against such a background, American medical practice was organized. The sparsely settled character of the country meant that physicians were not available in many places; there home remedies, experience, and information about native remedies transmitted by the aborigines would be used as guides faute de mieux. Gone were the neat divisions of medicine, surgery, and drug-preparation which the settled communities of Europe with its larger population groups had been able to devise. Specialism in medicine, as in farming, carpentering, weaving, butchering, or other skilled occupation was impossible in a pioneer world where each group of household units had to be self-sufficient or perish.

In the earliest colonial days, a young man desiring to study medicine had two choices: either apprenticeship and preceptorship with an already established physician, or travel to Europe to study at a formal medical school. By the 1840's, however, America had founded a number of schools for physicians and it was possible to obtain close to home some of the education previously gained only by study abroad.

Three main types of medical schools flourished in the United States during this period. The largest group consisted of proprietary schools -- owned lock, stock and barrel by the faculty primarily as a

money making venture. In remote areas where there was no university of which a medical school could become a part, it was necessary for a body of men interested in training the future members of their profession to band together if this training were to be provided at all. The difficulties and the poor standards of proprietary medical schools in the United States before the Civil War were not entirely due to the fact that they were organized by private groups of practitioners unaffiliated with larger teaching institutions. Much of the blame for their poor quality must be placed on the generally low standards of medical education of the time, on personality clashes within the faculties, and on the expansion of medical knowledge occurring at the time, which made laboratories, hospital wards, and lengthened years of schooling, which they lacked, a necessity for a true grounding in medicine.

The second type of medical school was connected with a university, but mostly in name only. The university did not make the rules for the medical school, prescribe the curriculum or fees, assign the faculty, or administer the budget. The faculties were self-perpetuating and autonomous in their dealings with each other and the students, with the university lending the prestige of its name only at commencement exercises and other civic occasions. By the 1840's, however, medical schools began to be set up as integral parts of the university. The University of Michigan in 1839 was the first to found a medical school in which the faculty were salaried employees of the University, and in which the hospitals, clinics, and laboratories reached to University standards, and this system spread until the Civil War again disrupted medical education.

Just as pioneer conditions had led to the foundation of proprietary schools of medicine, so they resulted in the founding of medical schools under the aegis of local or state medical societies with legal licensing powers. Such medical schools bore some relationship to the system used in England, where the royally chartered medical and ancillary societies examined and certified candidates who wished to practice medicine. The very size of most societies, however, made this method of governing a school cumbersome. Planning for curricula, choosing a faculty, and legislating on such minor matters as rents, salaries for janitors, criteria for examinations, and the like became very difficult with so unwieldy a governing body. As a result many such medical schools in the early United States united with other schools or went out of existence completely.

Although by the time Robert Fletcher came to America a number of medical schools had been established, it was not necessary for a physician to attend any of them in order to practice medicine. He could obtain all the education he desired merely by apprenticeship to another physician, receiving from him at the end of a stated period of time (usually 3 years) a certificate setting forth the length of time of the apprenticeship, to which were usually added some laudatory words. He was then usually examined by a committee of the county or state medical society; these examinations were often cursory, viva voce discussions, and passing them automatically conferred the right to practice. Those who had been to a medical school did not need even to undergo this

examination. Medical schools, in turn, expected the student to have studied with a practitioner for some time before taking the course - usually two years of about 12 weeks duration each - and students who did not have this preliminary experience gained some of it by becoming house pupils of a member of the faculty of the medical school simultaneously with being students at the college.

CHAPTER II Before The War

There are many facts about Fletcher which we do not know, such as the details of his medical studies, why he decided to emigrate to the United States, where he travelled before settling in Cincinnati, and the reasons for his decision to make that city his home. We may also wonder about the means of transportation which he employed in reaching Ohio: whether he went by carriage along the National Road, by stagecoach, by commodious river steamer, by the recently inaugurated canal boat, or even on the new railroad which was beginning to penetrate into the Middle West at the time.

Fletcher was only one of many who decided to settle in Cincinnati in the 1840's. The position of the city, on the Ohio River near its confluence with the Miami, had already made it a bustling commercial town early in the century, with trade to and from the Blue Grass hinterland to the south and with Pittsburgh to the east. The opening of the Miami and Toledo Canal to Lake Erie in 1830 and the first appearance of the railroad in Cincinnati in 1845 greatly stimulated the commercial activity of the city, which grew from a population of 2,500 in 1810 to

80,000 in 1846, and made Ohio the third most populous state in the Union.

Although Ohio was generally considered a northern state, Cincinnati at its southern tip tended to be oriented toward the south commercially. It was, however, a stronghold of anti-slavery feelings; Harriet Beecher Stowe lived here from 1832 to 1850, and the large German population which arrived as a result of the Revolution of 1848 in Europe swelled the general libertarian views. During the Civil War fighting actually took place within the city.

A young physician with a growing family seeking a location in which to practice his profession must, of necessity, look with favor upon an expanding city with flourishing commercial enterprises. Cincinnati certainly presented this aspect to Robert Fletcher in 1847. But Cincinnati was also a medical center of some repute, and we can assume that he considered this fact also. The city had been the home of Daniel Drake; as early as November 1818 Drake had attempted to start a medical school there (the Medical College of Ohio) and had arranged with the state legislature for the erection of a hospital which could be used for clinical teaching by the faculty of the school. Although clashes of personality soon resulted in Drake's withdrawal from this school, his interest in teaching in Cincinnati led him to return to that city several times, in one capacity or another, and with one school or another, for over a decade. In 1845 one of these schools, the Miami University Medical School, had over 175 students; although it declined somewhat in the 1850's, it counted several eminent physicians on its

faculty before the Civil War, including John Shaw Billings, who was demonstrator of anatomy before joining the Army. Perhaps the most distinguished faculty had been brought together under Drake's leadership in the late 1830's; it included Samuel D. Gross, Willard Parker, Nash McDowell, James B. Rogers, and Horatio B. Jameson, among others, and it has been characterized (with the faculty of the medical school of Rutgers University in New York and the University of Pennsylvania) as one of the three greatest combinations of professors in the 19th century America.

In addition to the luster which three still-existing medical schools must have shed on Cincinnati, the city was well supplied with other medical attractions. It had several hospitals, both general and specialized. For a period the Western Journal of the Medical and Physical Sciences and the Botanical Medical Recorder were published in Cincinnati, and there was a thriving medical society which took an active interest in the work of the schools and the hospitals. The 35 physicians, 14 druggists, and 5 dentists resident there in 1846 could purchase medical journals through a local bookstore, Robinson and Jones, which advertised that it could supply the London Lancet, Medico-Chirurgical Review, Bell's Medical Journal, the British and Foreign Medical Review, or the American Journal of the Medical Sciences for \$5.00 a year each, the Western Lancet for \$3.00, and Braithwaite's Retrospect for \$1.00. What the two homeopathic and 5 botanic physicians read, in addition to the Botanical Medical Recorder, is unknown.

With all of Cincinnati's attractions, it is not surprising that

Fletcher decided to settle in that city. He must have liked his life there, for in spite of financial and other difficulties he was naturalized there in 1852, five years after he first settled in the United States.

Fletcher says that he practiced medicine in Cincinnati; but his practice was short-lived. By 1850 he had left medicine to become a wholesale and retail druggist, which he accomplished by purchasing the business of Charles Collins at Sycamore and Pearl Streets, less than two blocks from where he resided at 100 East 3d Street. By that time Cincinnati had 29 apothecaries and druggists serving the 64 physicians and 11 dentists who took care of its 115,000 citizens. Fletcher continued in the drug business for at least seven years, always at the same location, but there is conflicting testimony about his success. On one side is a letter dated August 24, 1866, by Rufus King, journalist, politician, and friend of Fletcher, to the Attorney General in Washington, which was written in an attempt to procure for Fletcher the position of Medical Purveyor in the Army. There King mentions Fletcher's "some years actual dealing in the Drug and Apothecary business in this city," and, without saying so outright, implies that they were successful.

On the other hand, Charles Collins resumed his drug business within a few years, in spite of the fact that most purchases of commercial firms carry a clause in them forbidding the original owner from setting up in competition with his purchaser. If such a contract was made, Collins' resumption of business implies that Fletcher was not able to carry out his side of the contract, thus leaving Collins free to abrogate

its terms. Another argument in favor of the theory that Fletcher was an unsuccessful drug merchant is that he did not return to the drug business after making a six-month trip to England in 1857, but became instead a "Commission Merchant and Agent for Landreth's Garden Seeds" (as he himself advertised in the City Directory) from 1859 until he entered the Army, and that he undertook still another commercial venture after his return from the war.

In the short account of his life which Fletcher wrote for the Army Board in 1863 he said: "My health becoming much disordered from frequent attacks of Spinal Neuralgia I gave up professional pursuits and in 1857 I revisited Europe. Upon returning I did not immediately resume practice..." Not only did Fletcher not resume practice immediately, it might be said that he never resumed it except for a period of about 10 months in the Army in 1861-62. Since he had ceased to practice in 1850, the whole time devoted to the profession for which he had been trained was less than five years: two years in London, during which time he was still "walking the London Hospital," almost two and a half years in Cincinnati before the War, and less than a year in the Army. Fletcher's failure as a physician was the subject of at least one dinner table conversation at William Osler's home. Dr. W. W. Francis, Osler's cousin, who lived with the Oslers in Baltimore from 1895 to 1902, reported Fletcher's description of his "distaste for and lack of success in practice before the war because few of his patients appreciated his own pet prescription, 'treat it with contempt.'"¹* His ability to pass the

* Letter of Francis to E. Brodman, dated March 19, 1959.

examinations of the Army Medical Boards, both the State examination and the Federal, in an outstanding fashion a number of years after he ceased practice is, therefore, to be remarked.

Fletcher presents a puzzling picture. He began his education with the legal profession in view. After two years of legal study he shifted to medicine. Following a long course of successful medical study, he then practiced for a short period in his native land. Abandoning medicine at home, he then emigrated to a new country where he again practiced for a short period before finally abandoning the private practice of medicine completely. At this point he entered the commercial field as a druggist, and in this he persevered for about seven years before finally withdrawing to still another commercial field. Fletcher must have continued his studies, both in medicine and in general literature, if his standing in the Civil War examinations and the esteem with which his knowledge of general literature and general conversational powers were held are any proof.

Fletcher's frequent changes of occupation raise interesting questions concerning his personality. What kind of a man was he? On the one hand there are his later successes as Medical Purveyor in the Civil War and at the Library of the Surgeon General's Office, while on the other hand the sources reveal his apparent difficulties in England and in Cincinnati before the War. Was he one of those charming dilettantes who are the envy of their friends and the despair of their families? John Keats and Leigh Hunt come to mind immediately, as does Harold Skimpole in Bleak House. If these guesses are correct it is not difficult to understand why his father placed the son's patrimony

in a trust fund, only the interest of which could be obtained, instead of presenting him with the entire capital outright. It must be reiterated, however, that these are only conjectures without direct proof.

Besides the changes of occupation, there is the matter of health. Fletcher was in the Army for approximately 6 years; during this period he was ill only once, for a short period in March 1862. He appears never to have been sick after the war until his almost fatal attack of diphtheria in his 88th year. In the seventh and eighth decade of his life he still continued to make the trip regularly from Washington to Baltimore to lecture on medical jurisprudence at the Johns Hopkins Medical School. In his later years he was as tireless in reading proof on the Index-Catalogue and the Index medicus as he had been when young. With such an enviable record of good health for most of his life (his grandson said of him, "He was never sick a day in his life"), his "spinal neuralgia" in 1857 is mysterious. Just what the disease was with which he suffered, how it had been brought about, how long it lasted, and what caused it to disappear are all tantalizing questions for which no certain answers are available.

"Spinal neuralgia" was a generalized term of the period to cover any pain either felt in the spine or referred via the spinal nerves to other parts of the body. It included such symptoms as pain, difficulty in movements, vomiting, fainting, constipation, and even excessive salivation. The causes for the disease were considered to be violence (as from a blow), a strain on the spine (as in lifting a weight), or a peculiar irritability of the entire nervous system which was characteristic

of some people. ("Females are incomparably more subject to this affection than males," says Taylor in the American Journal of the Medical Sciences for 1839. "This may be owing to a peculiar delicacy of their nervous system, by which there is a greater susceptibility of impression, while at the same time their sympathies are more active. But there is another cause of this difference between the sexes, to be found in the fashion, which has long prevailed, of enveloping and confining the bodies of the one in stays and corsets.") Treatment of this affection included opiates, calomel, blisters to the spine, or leeches and cupping. Some miraculous cures are recorded; in other cases it was apparently impossible to effect improvement by any means.

From the foregoing it might be deduced that the term "spinal neuralgia" included several diseases. Whether Fletcher lifted something in an unphysiologic manner, whether he was in an accident with his horse and buggy, or whether the difficulty was of a psychosomatic nature, cannot be stated. Nor can it be said whether the condition gradually improved or whether the real stresses of the war erased the supposed difficulties of civilian life and did away with the spinal neuralgia suddenly. Likewise, his numerous attempts to earn a good income do not bespeak the life of an invalid. Taken together with the evidence of his good health from 1861 on, all this certainly tends to confirm our suspicion of a psychologically-caused disease.

Even though Fletcher was not practicing his profession in these years, he was still keeping up with all that was new in medicine. From his Army examination, it is established that sometime during this period he read Virchow's Cellularpathologie, which appeared first in

German in 1858 and in English in 1860, and that he perused certain medical journals regularly. He followed with interest the new theories of bacteriology which were beginning to be promulgated about this time. Moreover, he continued his readings in English literature; John H. Brinton, Professor of Surgery of the University of Pennsylvania, and Surgeon in the Army during the War as well as the first Curator of the Army Medical Museum, said of his assignment to duty in Nashville in 1865, "I ... greatly enjoyed my duty in Nashville ... I had formed ... some very pleasant acquaintances, and, among others, I greatly enjoyed the society of Surgeon Fletcher on duty as Medical Purveyor. He was an Englishman, thoroughly educated, and a deep Shakespearean scholar. Many and many a pleasant talk we had together, and much I learned from him." (This interest in Shakespeare was to continue and become the basis of some of Fletcher's later publications.)

CHAPTER III

The Civil War Period

When the Civil War broke out in April 1861 the United States had (except for sporadic fighting with the Indians) been at peace since the end of the Mexican War in 1848. The Army was small (less than 16,000 men) and widely scattered, as befitting its task of policing the frontiers of the country against Indians who were attempting to turn back the wave of white settlement of their lands. It was a highly mobile group stationed in small posts far from each other, and its medical forces were also necessarily small and mobile. In 1860, for example, the largest Army

hospital (at Fort Leavenworth, Kansas) held 40 beds. In addition to the Surgeon General at his headquarters in Washington and his staff of two surgeons, two assistant surgeons, and three clerks, there were only 28 other surgeons and 81 assistant surgeons scattered throughout the country with the troops, although civilian surgeons were occasionally employed under contract locally, where the number of troops at a station was not large enough to warrant assigning a full-time medical man. Moreover, since the duties of caring for sick army personnel were comparatively light, Army surgeons and assistant surgeons were allowed to engage in civilian practice, if they so desired, as indicated by the correspondence and resignation of William Beaumont. One of the reasons the Medical Department was able to carry on so well with so few people was that the Quartermaster Corps was in charge of the erection and equipment of hospitals and the provision of transportation for the sick; and the Adjutant General was responsible for the assignment and disciplining of all those who served with the Medical Department. Unfortunately this division of duties also brought with it conflicts of interest, which took many years to resolve.

When the War started, the Army Medical Department's total of 114 officers was immediately depleted by the resignation of 24 Southern Surgeons and Assistant Surgeons and the dismissal of three others for disloyalty, leaving only 98 officers to carry on the work of the entire Department. Even conservative Surgeon General Lawson, an octogenarian and a veteran of the war of 1812, realized the need for enlarging this group. His sudden death prevented his carrying out the plan, however,

and it was his successor, Clement A. Finley, who actually began the expansion which finally brought over 11,000 men into various sections of the Medical Department before the end of the conflict.

Much has been written about the confusion of the Medical Department in the first year of the war. In this the Medical Department merely mirrored the difficulties of the entire Army, in which a great deal of behind-the-scenes politicking occurred. Attempts were made to smear and degrade the various Surgeons General who were appointed in succession, until Surgeon General J. K. Barnes was inducted in 1864 and allowed to stay in that office for over 20 years. Secretary of War Stanton played his puzzling role, now black, now sometimes gray, but apparently never wholly white in his supervision of the Medical Department. Well-meaning civilians, banded together in such organizations as the Sanitary Commission or the Christian Commission, or individual reformers, like Dorothea Dix or Mother Bickerdyke, alternatively helped and hindered the work of the Department. Newly inducted doctors often showed both a lack of medical knowledge and an unsoldierly refusal to carry out orders. Recruits who were totally unfit for Army life were allowed to enter the services, in spite of all protests of the Medical Department and the rules of the Provost-Marshal-General. In admitting the poor showing of the Medical Department one must yet realize that the Civil War was the largest conflict in the history of the world up to its time. No fewer than four million soldiers were engaged on both sides. For generations after the close of the War its annals have continued to be studied by military men as a classic in armed conflict. Not only did its medical services -- as indeed all its services -- grow enormously from small beginnings in

a short period of time, but the war occurred just as the concepts of disease and treatment were undergoing fundamental changes. Although about 625,000 soldiers perished in the conflict, only one of three died as a result of wounds; the other two died of disease. This, however, was an enormous advance over the record of the Mexican War, where for every soldier who died of combat wounds three died of disease.

The Army Medical Service went into the great conflict of the Civil War pressed down by outmoded traditions, totally unprepared, incompetent, and, because of the small size of its previous efforts, almost amateurish in its outlook. There were no large hospitals, no ambulance corps, no nursing services, no special hospital diets, and no plans for any of them. Within four years, however, the Service had evolved an organization which was efficiently doing the work assigned to it; and although many errors and many false starts were made and much unnecessary suffering resulted, its record is remarkably good. Judged by the standards of the time, the Army Medical Department was completely successful, and those connected with it had every reason to be proud of their service.

Since each state regiment was expected to furnish its own medical officers, there was as little uniformity in this respect as in the uniforms worn by the soldiers of the different regiments. Each state selected its surgeons and assistant surgeons in whatever fashion it wished, with the regular Army Medical Department post-checking appointments only when obvious incompetence, complaints, or scandal called attention to a specific situation. The governors of the states issued

the medical commissions, although in many cases the choices were made by the colonels of the regiments from among their friends or those recommended to them. Occasionally a board of examiners was set up in a state, but sometimes (as in Indiana, which had a particularly bad reputation) the Governor might set aside the recommendation of the board to appoint someone with no qualifications at all. In general the eastern states had a better record of testing and appointing competent surgeons than the western ones, Vermont going so far as to base its appointments solely on the outcome of its examinations, which were the strictest of any state's. Not all western states provided uneducated and incompetent surgeons, however; Ohio was particularly noted for the thoroughness of its tests and the fact that appointments were made in line with the results of these tests. The knowledge that Fletcher stood at the top of the list of candidates, as a result of an examination at Columbus, Ohio, in the summer of 1861, therefore, speaks well for his medical knowledge.

The methods of choosing surgeons in the eastern and western states exemplified the different views of life held in these parts of the country. In a way it mirrored the differences between the settled urban dweller and the pioneer. In almost all societies the free-ranging nomad, the wanderer, the man who opens up a country and depends upon his own abilities, intelligence, and power for the necessities of life, has a scorn for the virtues so highly prized by the urban, settled, ordered city dweller, whom he tends to characterize as soft, timid, and precedent loving. Consequently the pioneer looks down upon education, so esteemed

by the staid citizen, and seeks ways to allow every man to demonstrate his capacities without regard to the extent of his formal training or his previous experience. The appointment of untrained surgeons to regiments from the western states was, therefore, not entirely an attempt to by-pass the law but an expression of a fundamental concept about the best way to reach a desired goal. As one official put it, "Neither in civil nor in military practice... any more than in any other avocation in life, is scholarship the measure of practical ability."

With such a concept, it is not surprising that the general level of medical competence among certain state regiments was low. The Army itself attempted to get rid of some of the worst of the medical officers by so-called "plucking boards" which examined and dismissed the least capable political appointees. What is surprising, however, is how few incompetent surgeons were inducted into the Army; the Sanitary Commissions, making a survey of its own in 1861/62, reported to the Surgeon General that about seven-eighths of the appointees had proved adequate to the work required of them, though some had been found who had never seen an amputating knife until they came to the Army.

How expensive this system was in terms of dollars and cents alone (leaving out the cost of the lives which might have been saved) is shown by pension records of physically unfit soldiers, allowed into the ranks as a result of farcical examinations by inducting physicians, while the number of women who were accepted into the fighting lines is another proof of the incompetence or disregard of regulations by the examining physicians. The payment of bounties to unfit soldiers and the swelling of the pension rolls of the federal government out of all

proportion to the amount of service rendered was a logical result. The presence of unfit soldiers not only hampered the military actions, but became the source of a continuing drain on governmental funds.

Almost as soon as war was declared, the First Ohio Regiment of Volunteers was organized from a nucleus of some older militia companies. Like many similar groups, it underestimated the seriousness of the military situation. Composed of well-connected and well-to-do young men from the southern portion of the state, members of the regiment enlisted for three months and were sent home and mustered out at the expiration of their term of service, having taken part only in the First Battle of Bull Run. By this time it was obvious that the War would continue for a long time, and the Regiment reorganized for three years' service. In October 1861 the reorganization was complete, and after some time in camp near Dayton, the First Ohio Volunteers proceeded to Cincinnati for outfitting and thence to Louisville for action. The later group was commanded by Colonel Benjamin F. Smith (a Regular Army Officer) and Robert Fletcher was its Surgeon and A. Wilson its Assistant Surgeon. It was soon assigned to the Fourth Brigade of General Rousseau, and became part of the 2nd Division of General Alexander M. McCook.

The Regiment spent from November 1861 to April 1862 marching from place to place in Tennessee and Kentucky and engaging in slight skirmishes with the enemy; however, it was not until the Battle of Shiloh that it really saw action. It was ordered to Shiloh on the morning of April 6, but in spite of forced marches did not arrive until daylight of the next day. By this time most of the fighting had taken place, nevertheless the

Regiment is credited with relieving the brigade of Colonel Gibson at a crucial point in the battle on the second day and causing the withdrawal of the Rebel troops.

The battle of Shiloh from the medical point of view was decidedly unsatisfactory. General Grant's forces had been fighting around Fort Donelson, Tennessee, for some time in a campaign of movement, and his Medical Director, Surgeon Robert Murray, had been forced to leave sick and wounded in many of the villages through which the Army passed. Medical supplies were meager, ambulances wholly inadequate, and the shortage of men was so acute that little help could be given the overworked medical department by regular soldiers. The Battle of Shiloh came as a surprise to Grant and consequently the Medical Department was unprepared for a large influx of sick and wounded. No regular method of collecting and evacuating wounded and dead had yet been evolved in the War; moreover, the battle field at Shiloh was crossed and recrossed many times, with the Confederates steadily pushing back the Union forces throughout the first day. As a result, the wounded were captured by the enemy or allowed to remain in the field in a pouring rain, untended by Confederate physicians as sorely beset by lack of supplies as their Union counterparts.

In his reports to the Acting Surgeon General, Robert Murray stressed over and over again the absolute necessity for more abundant supplies and a trained ambulance and hospital corps if mortality and suffering were to be diminished. "By the sad experience of this battle," he stated in his official report, "I am confirmed in the opinion of the absolute necessity of the addition to the medical department of a sufficient corps

of medical purveyors, who, in addition to furnishing medical supplies, shall act as quartermasters and commissaries to the medical department in furnishing quarters, transportation, furniture, provisions, etc., for the sick and wounded. And, also, that there should be a large number of enlisted hospital attendants attached to the medical department." It took some time and several more battles, disastrous from the point of view of the medical department, to bring about an expansion of the medical purveyor system and to provide trained hospital personnel, but both were finally accomplished and both Murray and Fletcher became part of the system.

The battle of Shiloh was the only battle in which Fletcher's Regiment fought while he was still officially its Surgeon. Fletcher himself was not present at the battle, however, for by orders of Surgeon Murray in March 1862, he had been assigned to organize Military Hospital No. 1 in Nashville. In July of that year Fletcher was promoted to be Brigade Surgeon on the staff of General I. W. Sill, a post in which much of his time was devoted to procuring and distributing supplies; and in November 1862 he took charge of General Hospital No. 7, also in Nashville, with the additional duties of Assistant Medical Purveyor, for which his previous experience made him eminently qualified. Finally, on February 24, 1863, he was named Medical Purveyor in Nashville, a position he held for the rest of the War and one in which he provided the medical supplies and equipment for the entire Army of the Cumberland for the remainder of the conflict.

Military Hospital No. 1 grew from its founding until it contained 936 beds in December 1864; while General Hospital No. 7 (called General

Hospital No. 19 after August 1863) held 629 beds at the same date. In December 1862, when Fletcher was in charge of it, the latter hospital had a complement of 15 medical officers, and provided accommodations for several hundred soldiers. Specific information is lacking about the building in which General Hospital No. 7 was housed; Hospital No. 1 was in two converted buildings: the Howard High School and a gun factory, which, according to the official report on it, "answered the purpose admirably."

In addition to these hospitals, Fletcher for a time was also in charge of the Female Venereal Hospital, a unique institution in the Civil War Army. By the Spring of 1863 the venereal disease rate among soldiers in and around Nashville had risen to alarming proportions, until finally the Commanding General decided the city must be rid of its prostitutes. He therefore ordered the Provost Marshal to round up "all the women of the city publicly known to be of vile character," to place them on a chartered river steamer, and to take them away from the city. On July 8 the steamer started for Louisville, but that city refused to accept the prostitutes, as did Cincinnati also. After much legal action the boat was ordered back to Nashville, where it arrived on August 3 and its passengers disembarked "to resume their former modes of life."

Admitting failure in his effort at deportation, the Commanding General next decided on licensing the prostitutes, with medical examination and necessary treatment a prerequisite. A hospital was established and Fletcher placed in charge. During the first six months 300 women were examined and licensed, of whom 60 required treatment. The women

were first assessed 50 cents for their certificates; when the sums procured in this fashion became inadequate, the fee was raised to one dollar, at which some of the prostitutes protested. The system was praised highly by both line officers and the Army Surgeons, and was later imported into Memphis, Tennessee, where, however, it lasted only about six months. In Nashville it was in force for at least one year, for on August 15, 1864, Fletcher submitted a report on it, which said,

It is not to be supposed that a system hastily devised, established for the first time on this continent, and certain to encounter all the obstacles that vicious interests or pious ignorance could put forth, should be other than imperfect. We have here no Parisian 'Bureau des Moeurs,' with its vigilant police, its careful scrutiny of the mode of conduct of houses of prostitution, and its general care of the public welfare both morally and in its sanitary consideration. This much, however, is to be claimed, that after the attempt to reduce disease by the forceful expulsion of the prostitutes had, as it always has, utterly failed, the more philosophic plan of recognizing and controlling an ineradicable evil has met with undoubted success.

Among the difficulties to be overcome was the opposition of the public women. This has so effectually disappeared that I believe they are now earnest advocates of a system which protects their health and delivers them from the extortion of quacks and charlatans. They gladly exhibit to their visitors the 'certificate' when it is asked for, a demand, I am informed, not infrequently made. The majority of the patients in the hospital are not sent from the inspection room, but consist of women who, suspecting their malady, have voluntarily come for examination and treatment.

Such additional duties were interesting and no doubt important, but the greatest contribution which Fletcher made to the War lay in his organization and administration of a large medical supply system;

and this, in part at least, was his direct contribution to the victories of Sherman's March to the Sea and Grant's Mississippi campaign.

Before the Civil War the Medical Department of the Army obtained almost all its medical supplies (medicines, hospital stores, instruments, dressings, books and stationary, bedding, etc.) from a single Purveying Depot in New York City. As the country had expanded, several Sub-depots had been set up in Texas, Louisiana, New Mexico, and Utah, but these also obtained most of their stores from New York. The outbreak of the Civil War and the fighting in many places distant from the eastern seaboard soon made evident the deficiencies of such a system. At first most regiments attempted to furnish their own supplies but gradually a system of establishing Medical Purveyors at field army headquarters was evolved, with Congress giving its approval to a newly organized and expanded Medical Purveying Bureau in April 1862, and a new Medical Supply Table in July of that year.

While the new Bureau was being established and organized, a number of severe battles occurred. Since little help could be obtained from central points, many medical officers in the field improvised methods for obtaining the supplies they needed. For a time Brigade Surgeons acted as supply officers, and it is extremely likely that the major portion of Fletcher's duties when he was on General Sill's staff had to do with procuring medical supplies for the command and furnishing them to the Regimental Surgeons under him. We know from a report of Surgeon Robert Murray on Grant's staff that the Armies in and around Tennessee suffered greatly at first because of the lack of adequate medical supplies

and that Murray was strongly in favor of a separate purveying group in the Medical Department. It can be assumed that he was instrumental in having Fletcher appointed by General Rosencrans as Assistant Medical Purveyor in Nashville almost as soon as such a post was authorized, from which it can be further assumed that Fletcher's work in a similar position on General Sill's staff had been outstanding enough to warrant what appears to be a promotion. Certainly Fletcher was again promoted, this time to be Medical Purveyor in Nashville, only three months after being appointed Assistant Purveyor. Even more striking, in a time of abundant graft and profiteering on Army contracts, is the testimonial sent him by Surgeon General Barnes on December 1, 1868. "Dr. Fletcher's property and money responsibilities amounted to several millions during his six years of arduous service, and in no instance has he failed to render his accounts with remarkable accuracy and promptitude. The most striking proof of his integrity, energy, and business qualification is the fact that the final settlement of his accounts in August 1867 was accomplished in less than 48 hours without a discrepancy or disallowance." That his position of Medical Purveyor was anything but a sinecure is clear from the fact that the armies commanded by Generals Grant, Thomas, Rosencrans, and Sherman were all provided with medical and hospital materials from Fletcher's office. His ability to get the supplies where needed, when needed, in an orderly fashion, and with proper records is attested by Generals Thomas and Rosencrans, as well as by the Surgeon General.

During part of this time, Fletcher acted under his State com-

mission, as Surgeon of the First Ohio Volunteers. In June 1863, however, he took the examinations in Cincinnati for appointment as Assistant Surgeon, U. S. Volunteers in the Regular Army, and again in September 1863 he returned to Cincinnati to sit for another examination to be appointed Surgeon of Volunteers in the Regular Army. In each case he passed at the top of the list. In the June examination he made 1050 points out of a possible 1070, falling down 10 points in anatomy and 5 points each in physiology and surgery, but getting perfect marks in all other nine subjects. The Medical Board which examined him was so impressed with his work that it appended a special recommendation to the certificate forwarded to Washington. "It is respectfully recommended," the Board stated, "that Drs. Fletcher and March be promoted as speedily as consistent with the interest of the service. They have both been on regimental duty since the commencement of the rebellion and from personal knowledge we can say that their reputation for efficiency and skill is highly deserved."

The examination papers which Fletcher wrote for the September 1863 examining board have been preserved in the National Archives, and from them it is possible to ascertain the state of medical knowledge at the time, as well as how carefully Fletcher had kept up with medical advances. It is amazing to read answers prepared by a man who had left medical school 20 years earlier and had not practiced medicine most of the intervening period but who knew intimately the new theories of Virchow on cellular pathology and the researches of Middleton Goldsmith with bromine in the treatment of hospital gangrene. The detail with which Fletcher described various chemical tests for the purity of common drugs is also

surprising, even for one previously in drug work, while his suggestions for the treatment of "scorbutic diathesis" mirror the contemporary medical scene accurately.

As a result of these examinations, Fletcher was appointed Assistant Surgeon, U. S. Volunteers, on November 8, 1863, and Surgeon, U. S. Volunteers and Purveyor on November 20, 1863. To round out his official Army career, it can be noted here that Fletcher was brevetted Lieutenant Colonel and then Colonel of Volunteers from March 13, 1865 "for faithful and meritorious service" and was mustered out of the Army on August 31, 1867.

Sometime during the period when Fletcher was assigned to Nashville he brought his family to that city; and there is a legend that his younger son, Robert Howe Fletcher, then a boy of 14, wandered off from home in December 1864, and became involved in the Battle of Nashville.

From the volume of correspondence between Fletcher and the Surgeon General on details of his purveying, it is obvious that he was kept busy in his important post; yet he managed to find time to attend a series of medical lectures delivered by John Brinton, Professor at the University of Pennsylvania Medical School, when the latter was assigned to Nashville as Medical Inspector, as well as to cultivate the acquaintance of a number of local inhabitants.

The letters and reports which Fletcher transmitted to the Surgeon General's office in Washington show the range of his responsibilities as Medical Purveyor and the detail with which he was faced. For example, on June 19, 1863 he noted that 3000 pounds of concentrated milk

had been omitted from the requisition and he asked that Dr. (name undecipherable) be telegraphed to send 1000 pounds at once. On October 25, 1863, he reported that 20 medical wagons shipped by the Medical Purveyor in June had still not been received. On December 16 he transmitted a special requisition, in compliance with specific orders of General Grant. In 1864 he inquired about issuing bed-sacks and pillow ticks in place of mattresses and pillows. In September of that year he wrote again about 250 iron bedsteads sent to Nashville by mistake. On October 3 he requested authority to buy printing paper locally for the use of the Surgeon in charge of the hospital. Still in 1864 he reported a great loss of bromine resulting from the current mode of packing it and suggested the use of hermetically sealed tubes in the future. During a battle in July 1864 he urgently telegraphed to Washington for special supplies and followed this up with a letter explaining in more detail. He was concerned with the amount to be paid colored cooks and nurses; wondered if the First Bank of Nashville was recognized as a depository for government funds; reported monthly on the amount of ice distributed; ordered the payment of vouchers for the care of insane soldiers at the Tennessee Lunatic Asylum and explained this to the Surgeon General; requested authority to sell books and instruments to medical officers leaving the service; asked if he could pay laborers the rate paid by other departments of the Army (and was refused); wished to pay white female nurses 60 cents a day; and, after the end of the War, recommended the discharge of some of the hospital

stewards, the sale of some of the government property locally, and the transfer of other property to civilian hospitals nearby.

Interspersed with these official letters are others of a more personal nature. Fletcher requested leave of absence to take the examinations for Assistant Surgeon and Surgeon of Volunteers. On May 5, 1866, he asked for and was granted 30 days leave, during which he came to Washington to see about a permanent position in the Purveyor's Office, and while there found he needed more time and requested an extension of his leave for 15 days. Finally, on October 10, 1866, he tendered his resignation, to be effective December 10, and requested permission to close his accounts as Medical Purveyor in Cincinnati rather than Nashville because of private family business. The actual date for his mustering out was, as noted earlier, not December, 1866, but August 31, 1867.

IV

When Robert Fletcher was mustered out of the Army he was 44 years old, married, and the father of three children in their teens or early twenties. There were a number of possibilities before him. He had been educated as a physician, and although he had not practiced for any long periods of time, it was quite possible for him to return to that profession. According to family tradition, he seriously considered this course of action, only to be reminded by his wife that this would require his being at the beck and call of anyone at all hours of the day and night. He had also been in the drug business for about seven years, longer than in any other enterprise, and it might have been logical for him to resume this vocation. Yet he had not returned to this when he came back from his European visit in 1857, and perhaps the same considerations kept him from it in 1867. The seed company and commission merchant venture had lasted only a short time and apparently had not been wholly satisfactory. Even before he left the Army, therefore, he set about trying to obtain a permanent position in the Regular Army.

The War had naturally caused the expansion of all sections of the Army, not the least of them being the Purveying Bureau. With the advent of peace, the citizen-armies on both sides of the conflict were disbanded, and those corps which, because of their auxiliary positions, had depended upon the size of the total Army to determine their own magnitude also had to contract. Congress set about limiting the size of the agencies drawing funds from the government, and from 1866 to 1870 passed a series

of laws establishing the maximum size of the Army and its components. A major reorganization act for the Army was approved by Congress on July 28, 1866, but a discussion of its provisions had been going on for some time prior to that date. This act provided, among other things, for a Medical Corps which included a Chief Medical Purveyor with the rank of Lieutenant Colonel and four Assistant Medical Purveyors, five medical storekeepers, and a certain number of surgeons (at first under 75).

As early as December 12, 1865, Fletcher was hoping to receive an appointment as Assistant Medical Purveyor, for on that date he wrote to Surgeon General Barnes that he "would be glad to receive an appointment as medical purveyor in the Army if such a corps is established." His appointment was recommended by General G. H. Thomas in a letter to the Adjutant General, General L. Thomas, where it evidently remained for a long time before being forwarded to General Barnes for consideration.

Fletcher had not been idle in the meantime, however. On August 25, 1866, he made a formal personal application for the position to the Surgeon General, and during the same week wrote to the Honorable W. Dennison, Congressman from Ohio, asking for help in getting the appointment he desired. Dennison forwarded the request to the Surgeon General's Office where it was endorsed by the Assistant Surgeon General, C. H. Crane, who noted, without giving details, that Fletcher was not eligible for the position according to the law, and pointed out that those recommended for the office, had, with a few exceptions, held their posts for 20 years.

Simultaneously the politician and journalist, Rufus King of Cincin-

nati, wrote on Fletcher's behalf to the Attorney General in Washington, the Honorable H. Stanbury, suggesting that pressure be put on the Secretary of War or the President to have Fletcher appointed "under the new Army bill." King set forth Fletcher's qualifications for the post, stating that he was "practically experienced by some years actually dealing in the Drug and Apothecary business in this city" and noting that he "had graduated in the London College of Surgeons." (This chatty personal letter also recounts, "P. S. The cholera is rapidly disappearing and politics are growing hot.")

Still on August 26, 1866, Alphonso Taft of Cincinnati, later to become Secretary of War and Attorney General in Grant's cabinet, and father of President William Howard Taft, wrote to Secretary of War Stanton recommending Fletcher for the post he desired, while several months later a group of prominent Ohio friends signed a joint letter to President Andrew Johnson urging the appointment.

Apparently nothing came of all this pressure and finally Fletcher turned to other ways of supporting himself and his family. He did not really give up his hope for the purveying position for some time, however. On August 5, 1867, he visited the Surgeon General's Office in person to discuss closing out his Nashville accounts and the possibility of a permanent position. As late as March 4, 1869, he addressed a letter to Major General J. A. Rawlins enclosing a request to the new President, General Grant, that he be appointed Assistant Medical Purveyor of the Army in place of Dr. Satterlee of New York, who had just died. It is

obvious from Fletcher's language to General Rawlins that he did not agree with Assistant Surgeon General Crane's statement that he was not qualified for the position under the law. "My Army friends thought I was well entitled to the position by my services," he noted bitterly, "out of which I was juggled by the politicians." His enclosure was received at the Executive Mansion on March 18, 1869, with an endorsement by Surgeon General Barnes: "Under the Act of Congress, approved March 3, 1869, no new appointments can be made in the Medical Department of the Army until otherwise directed by law." The entire file was again examined by General Whipple on December 31, 1872, but no appointment was forthcoming as a result of it. By that time Fletcher was working as a civilian in the Surgeon General's Office in Washington under J. H. Baxter, who had in 1867 received the appointment for which Fletcher aspired, and then been promoted to Chief Medical Purveyor, and presumably Fletcher was not interested in seeking further appointments.

Since a position with the Army was not immediately forthcoming in 1867, Fletcher had to seek other methods for supporting his family in Cincinnati. The City Directory for 1868 notes that he was "Treasurer, Cincinnati Elastic Sponge Co., s.w.c. 4th and Race; h. 142 Broadway." No indication is given in the alphabetical portion of the directory of what the Elastic Sponge Company was, but in the classified portion it is listed as a manufacturer of mattresses and bedding. In the 1869 Directory the alphabetical list notes that the company is a manufacturer of bedding and gives a new address for it, 176 Main Street. It is not known what kind of bedding "elastic sponge" was, though we can assume

it was not today's foam rubber. Presumably, Fletcher remained with the company until he left for Washington in 1871.

There is a gap in our knowledge of what happened to Fletcher between March 4, 1869, and August 7, 1871, but we do know that on the latter date he reported for duty in the Surgeon General's Office under Lieutenant Colonel J. H. Baxter, Chief Medical Purveyor and formerly Chief Medical Officer of the Provost-Marshal-General's Bureau. He thus finally became part of the Army's Purveyor's office. His duties were to assist Colonel Baxter in preparing the medical records of the Bureau for publication, and he remained in that position until August 31, 1876 when he was ordered to report to John Shaw Billings at the Surgeon-General's Library.

The Provost-Marshal-General's Bureau had been created by Congress on March 3, 1863, in an effort to do away with the acceptance of unfit recruits into the Army. It was in charge of all volunteer enlistments and drafts, and when its Medical Branch was organized on January 11, 1864, it began actively to supervise the medical examination of recruits. By the time it was discontinued, in August 1866, four drafts had been made and almost one million men examined, with acceptable records available for about one half of them. In discontinuing the Bureau, Congress specified that the Secretary of War should turn over the records to the then Chief Medical Officer of the Bureau, who was directed to compile the statistics and publish a report on them. Work began soon after, but it was not until 1875 that the two-volume set, Statistics, Medical and Anthropological

of the Provost-Marshall-General's Bureau, finally was printed.

In this work over five million sets of figures were reduced to more than 5,000 preliminary tables and these further digested into 23 final tables, which yielded just over 113,000 ratios. (Rates were given per 1000.) This work was all done by hand, although "after the tables forming the second volume had been stereotyped, the completion of an improved 'calculating engine' seemed to offer the desirable opportunity of testing the accuracy of the work done." Consequently all the ratios were recalculated with the new machine, although this delayed the final appearance of the volume.

In addition to the purely anthropometric information, which made up the body of the work, there were tables of rates of disease broken down by place of origin of the soldiers and by race and nationality, with a few ecological maps interspersed. The preface of the first volume contained a description of the medical examination systems of the armies of the United States and the principal European countries, a discussion of schemes of classifying physiological and pathological data, and a scholarly 25 page "Outline of the History of Anthropometry" including a four page bibliography of background reading. No authors were given for the individual sections of the Statistics, but later publications point to Fletcher as the compiler of the "History" and the bibliography. In the preface Colonel Baxter remarked: "In the preparation of the work, I have been very materially aided by the professional and scientific attainments of the following gentlemen, who have been on duty in my

office, viz: ... Robert Fletcher, M.D., late surgeon and brevet colonel, U.S. Volunteers ..."

The two volumes of the Statistics, Medical and Anthropological... received universal acclaim. The American Journal of the Medical Sciences called it "a magnificent contribution to our exact knowledge of man;" and commented on the "tremendous labour ... encountered in assorting and arranging the collected matter in such manner as to exhibit the millions of facts in all their different aspects and in forms available for use." It finally concluded, "The book is a monument of almost incredible labour of a sort little appreciated by the world." The reviewer for The Boston Medical and Surgical Journal was more restrained, but he referred to the "vast facilities of the government for the accumulation of reliable statistical information," and noted "what services may be rendered to science by a wise utilization of such opportunities. The work before us belongs to this class." Virchow, in his Jahresbericht über die Leistungen und Fortschritte der gesammten Medicin, praises the set highly as "eine der vollständigsten Arbeiten welche überhaupt Resultate dieser Art behandeln."

Even those attached to the Surgeon General's Office in other capacities were aware of the value of the work. Colonel George A. Otis remarked in a letter to Fletcher of June, 1876, "I am glad, dear Doctor, to have the opportunity of expressing to you my congratulations on the completion of your share of the admirable Medical Statistics which display such a great amount of conscientious labor, and of labor wisely directed,

and constitute such valuable addition to anthropological knowledge."

Perhaps the most useful result of the Statistics to Fletcher personally was that it gave him the direction for the remainder of his life. With the publication of the two volumes, Fletcher was again faced with a decision about his future. Many years later John Shaw Billings related the circumstances which brought the two men together in the fruitful collaboration which was to last almost 20 years. Speaking at a banquet in honor of Fletcher in 1906, Billings remarked:

Thirty years ago I had issued from the Government Printing Office a specimen fasciculus of an Index Catalogue of the Library of the Surgeon General's Office, showing the plan of the work which I had then been engaged for several years.

Soon after this publication Dr. Fletcher, having completed his work on the Statistics of the Provost Marshal General's Office, came to me and expressed his general approval of the specimen fasciculus, saying that he would be glad to assist in the work of preparing and printing the proposed catalogue. I knew him to be a most competent and reliable Medical Officer, a statistician and a writer of excellent English, and accepted his offer with great pleasure.

From that time until I left the Office in 1895 we worked together in the Index Catalogue, and I soon became satisfied that the obtaining of his aid in this matter was a piece of great good fortune. I came to have a high respect for his scholarship and painstaking accuracy, to admire his energy and perseverance, to appreciate his humorous wisdom, and to know him as a thoroughbred gentleman. Moreover I acquired a great affection for him -- a warm friendship which has continued unchilled and unbroken down to the present moment, and I am very glad to have this opportunity to say that he deserves every honor and token of appreciation which the Medical Profession of the Country, and indeed of the Civilized World, can bestow upon him.

Thus, after 53 years, Fletcher had finally found his métier. On September 1, 1876, in pursuance of orders of the Surgeon-General, he reported to John Shaw Billings at the Library of the Surgeon-General's Office.

V

The Library of the Surgeon General's Office

When Robert Fletcher entered the Library of the Surgeon General's Office, it was in the midst of the expansion which was to make it by the end of the century the largest medical library in the western hemisphere and one of the half dozen largest medical libraries of the world. It had come into being without fanfare, as the need for it arose, so that it is impossible to know just when it was first started. Before Surgeon General Lovell's death in 1836, books and journals had been furnished to medical officers on duty at Army posts and a few had been purchased and retained in the headquarters office in Washington. By 1840 a large enough collection had been amassed (130 titles in about 200 volumes) so that it could be designated a "library" and a hand-written "Catalogue of Books in the Library of the Surgeon General's Office, Washington City, 1840," had been prepared. The budget for purchase of medical books and journals before the Civil War waxed and waned with such events as the Army's skirmishes with the Indians, War with Mexico, or the establishment of peace. Naturally when the Civil War caused the enlargement of all sections of the Army's Medical Department, the Surgeon General's Library was included. A catalog of the collection issued on May 10, 1864, listed over 1360 volumes, most of which had been gathered for use in preparation of the Medical and Surgical History of the War of the Rebellion.

Soon after the 1864 Catalogue appeared, Dr. John Shaw Billings, Medical Inspector for the Army of the Potomac, was detailed to the Surgeon General's Office to work with Dr. J. J. Woodward on the Medical and Surgical History, and within a few months took on the additional duty of supervising the Library. From that date until 1895 Billings was in charge of the Library, and it was due almost entirely to him that the Library grew to its pre-eminent position. By the time he left the Army in 1895, the Library of The Surgeon General's Office contained more than 110,000 books and almost 200,000 pamphlets. Even as early as 1876, when Fletcher arrived, the Library had around 52,000 books and pamphlets and was growing at a great rate of speed.

It was Billing's belief that to acquire and shelve medical books and journals was merely the first step toward making them useful to the physician. In his opinion their use was the sine qua non, and to bring that about he felt it was first necessary to publish a list of the contents of the collection so that those who were seeking after specific information might know where to find it. He further believed that physicians, made aware that the information they needed was to be found in a particular book, should be able to consult it, either in the Library itself, or, if they lived too far from Washington to make that feasible, in their own libraries. To that end he arranged for both interlibrary loans (the Library of the Surgeon General's Office was one of the earliest American libraries to use this system) and direct loans against a deposit made by the individual physician as insurance

against loss or mutilation.

Billings emphasized three facets of a library, namely: the acquisition and storage of the collection, the indexing and cataloging of its contents, and use by readers. Fletcher, throughout his more than 35 years with the Library, was to be most concerned with the second of these, the indexing and cataloging. In a library whose staff was as small as was that of the "Surgeon-General's," however, it is certain that the principal assistant to the librarian would have concerned himself with all parts of the work. We know that Fletcher checked booksellers' catalogs for additions to be made to the collection, and the thanks he received from William Osler and Rudolph Matas for uncovering needed information shows that he assisted at least the more important Library users. The classification and shelving scheme used in the Library from 1887 to 1944 was devised by Billings and Fletcher, and was based on the scheme of the Royal College of Physicians of London, which itself was founded on the earlier scheme of Dr. William Farr for British vital statistics. This was the same classification employed in the Provost-Marshall-General's Report, and it was probably Fletcher's familiarity with it which led him to use it in the Library. Later Billings and Fletcher used this scheme for classifying the material in the Index Medicus from its inception in 1879 to 1921, when that journal went over to an alphabetical arrangement of the subjects.

Billings hoped to bring to the attention of physicians all over the world the contents of the Library of the Surgeon General's Office.

Although indexes to medical periodicals had been published for a century or more, and although some indexes contained both books and journal articles, no scheme as ambitious as Billings' Index-Catalogue had ever been proposed. In it were to appear not only the books contained in the Library collection but the articles in the individual issues of the journals, transactions, and other serial publications which made up the bulk (and the most important portion) of the Library. By the third quarter of the 19th century the literature of medicine had grown to such proportions that a work which attempted to catalog books and index journals would not only be extremely large but would also be complicated to prepare and use. If it were not to fall of its own weight, careful attention had to be paid to details such as the method of indexing, the headings used, the typography, the press work, the accuracy of the citations, the form of the references, the abbreviations, and the like. After many experiments Billings in 1876 finally put out a specimen of what he had in mind and asked for suggestions and comments. With these in hand he proceeded through his ally, Surgeon General Barnes, to persuade Congress to appropriate money for the printing of the entire work -- which he estimated would be complete in five quarto volumes, but which actually took 16 volumes to finish. Working with Fletcher, Billings issued the first volume of the Index Catalogue of the Library of the Surgeon General's Office in 1880.

The Index Catalogue is not only a list of the books, pamphlets, theses, and journal titles contained in the Library, arranged under author (or title) and subject, but is an index to the journal articles,

arranged by subject. The whole work is in one array, authors and subjects following each other in proper alphabetical sequence. The volumes were issued letter by letter beginning with A-Berlinski in 1880; 16 volumes and 15 years were needed to see the entire first series through the presses, and by that time enough additional material had accumulated to make the publication of a second series desirable. The second series was in its 17th volume (the T's) when Fletcher died in 1912 in his 89th year, having read proofs up until his final illness a few days earlier.

Nothing like the Index Catalogue had ever appeared before. In its scope and richness of information, in its accuracy and thoroughness, in its ease of use and inexpensive price, it outdid all other similar works. William Osler called it "one of the most stupendous bibliographical works ever produced." Contemporary reviewers said of it that it was "without exception the most valuable contribution to medical bibliography which has ever been made in any part of the world." Only one person appears to have noted what was later to be its fatal flaw. Dr. W. Gairdner in a private letter to Billings in 1880 remarked, "The only possible drawback is one inseparable from the material, which will necessarily supersede, or at least render incomplete, the earlier volumes before the later ones are published." Billings and Fletcher were already aware of this disadvantage and had set about to remedy it by the immediate publication of a supplementary work, the Index Medicus.

Robert Fletcher spent the last 36 years of his life in the Library of the Surgeon-General's Office. At an age when most men are considering the possibility of taking their ease in life, Fletcher began an entirely

new career, and a career which was to present him with the opportunity to demonstrate his best qualities. It might almost be said that Fletcher did not really find himself until he was past his 50th birthday; but that when he had discovered a position in which his talents could be put to good use, he blossomed forth. Gone were all the doubts, the drifting, the changes in occupation, the questionable financial ventures; now Fletcher knew where he was going and how to get there. In one sense it can be said that the first 53 years of his life were the training for his last 36. If his early life were completely blotted out, his position in the history of libraries and bibliography would always be secure because of these final decades. The Library of the Surgeon-General's Office, the Index Catalogue, and the Index Medicus are his, as well as Billings' memorial and "float through history," as Osler phrased it.

On September 1, 1876, then, Robert Fletcher came to the Surgeon-General's Library for a salary of \$133.33 per month, plus \$36 for commutation of quarters, and \$12 for fuel, making a total salary of \$181.33 a month. Later the commutation of quarters was cut to \$12 per month, and in 1880 it was proposed to cut off the fuel allowance completely. At this point Fletcher suggested that the government pay him a flat \$150 monthly. In forwarding this petition, "approved and recommended," Billings noted:

The duties, with which Dr. Fletcher is charged, in connection with the Library of this Office, can only be performed by a thoroughly educated physician, who can read German, French, Italian, Spanish,

and English, and who is familiar with bibliographical work, and with both ancient and modern medical nomenclature.

This unusual combination of qualifications is possessed by Dr. Fletcher in a high degree and the work which he has done is eminently satisfactory, both in amount and quality.

The pay which he was receiving, prior to the recent change in contract, was certainly small for such work, and I think that his request is a very modest and reasonable one, which should be granted if it be possible to do so.

J. S. Billings
Surgeon, U. S. Army

Library Surg. Genl's Office,
Washington, D. C.
January 3, 1881.

This the Surgeon General agreed to, and a contract was drawn up between his office and Fletcher; in it Fletcher was designated "a private physician serving as Acting Surgeon, with the rank of First Lieutenant." Still later, in 1903, Fletcher's salary was raised to \$3,000 a year, a fairly respectable sum for those days. No further increase in his salary is noted in the records.

At the time he came to the Library, Fletcher was already 53 years old while Billings was only 38; yet neither then or at any other time were their relations anything but cordial and harmonious. Billings' complimentary words on Fletcher, quoted earlier, were no formal or traditional remarks without substance and backing, nor was this the only time he expressed his appreciation of Fletcher's work. The preface of the first volume of the Index Catalogue contains Billings' graceful acknowledgement of aid. "I wish," he said, "to specially acknowledge the valuable assistance which I have received from Dr. Robert Fletcher in carrying this volume through the press, assistance which has gone far

beyond mere routine or the limits of office-hours, and without which I should have found it impossible to have done the work and to have performed my other official duties." In a later volume he noted that "the accuracy and typographical excellence of the volumes are largely due to Dr. Fletcher's careful and skillful supervision." To all who worked in conjunction with the two men, their liking and appreciation for each other was evident. Fielding H. Garrison compared their personalities thus in his biography of Billings: "Dr. Fletcher was a true scholar, especially learned in the classics and the older English literature, and, during his long life, he made many valuable contributions to anthropology and the history of medicine. He was a man not unlike Billings in character -- forceful, reliable, honourable -- but of a different cast of mind. Billings was essentially the man of action who delights in doing things of immediate practical moment. Fletcher's was the spirit that loves to browse and delve in the lore of the past, although, up to his ninetieth year he took the keenest interest in all advances in medical science. Both were well-trained physicians and surgeons, both were of the same race, both had the same literary and social tastes. Thus the two men were admirably adapted to do effective team work, indeed, as Professor Welch once remarked, 'they worked beautifully together.'"^{*}

The proposed publication of the Index Catalogue was only one reason for hiring Fletcher at this time. A more immediate need was for a medical officer who could be placed in charge of the Library for a period of several months while Billings went to Europe in connection with

* Attributed to Osler by Sir Humphrey Rolleston.

his work on the building of the Johns Hopkins Hospital in Baltimore. Billings sailed on the steamship Batavia from Boston on October 7, 1876 in company with Dr. Ezra M. Hunt, a sanitarian also concerned with the Johns Hopkins Hospital, and arrived in Europe on October 16. In Europe he visited England, Germany, Austria-Hungary, Italy, and France before returning to the United States from Liverpool on December 16. During this 3-month period Fletcher was in charge of the Library, although he had been attached to the institution for only about a month before Billings left. That this job was not a sinecure is shown by the number of letters dictated by Fletcher to F. W. Stone, Billings' "private clerk" or signed by Fletcher after being written by other members of the staff. Also to be found in the Library's files are memos by Fletcher to individual members of the staff. Apparently the only restriction put on Fletcher at this time was that he was not to order new books or journals until Billings' return.

The items in the Library's files for the period October-December 1876 which are signed by Fletcher probably equal if they do not exceed the signed communications for all the rest of Fletcher's time with the Library. By Army custom and by natural predilection, Fletcher prepared many items for Billings' signature, as is evident by the handwriting of the memos, letters, and reports. It is interesting to speculate whether this "passion for anonymity" might not have been one of the traits which endeared him to Billings; an older man gaining a name for himself under the command of a younger man might have caused some personal difficulties, even with such men as Billings and Fletcher, who were both capable of thinking and acting independently. In a certain sense, Billings

1920-1921. The following is a list of the names of the members of the

class of 1920-1921. The names are in alphabetical order.

1. Alberto Alvarez Alvarez Alvarez Alvarez Alvarez Alvarez Alvarez

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3. Alberto Alvarez Alvarez Alvarez Alvarez Alvarez Alvarez Alvarez

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30. Alberto Alvarez Alvarez Alvarez Alvarez Alvarez Alvarez Alvarez

needed someone to go behind him and carry out quietly and efficiently the plans which he could so brilliantly devise, and Fletcher filled this need admirably. The obverse of the coin is Fletcher's delight in detail and accuracy, evident in his Army days, his great administrative ability, and his flexibility when alternate plans needed to be devised and carried out. In a certain sense, Billings proposed and Fletcher disposed; and between them they could act as one person.

Many large and advancing institutions, including libraries, have evolved a pattern of complementary personnel. There is frequently a chief who sets the policies, has the flashes of inspiration or hammers out new goals and new methods, and does the necessary work to convince governing powers to allocate funds or otherwise support the goals he has devised. Such a man frequently has as his assistant a person whose ability at devising fresh approaches and envisaging enlarged purposes are less than the chief's, but whose sympathy with the aims of the chief and ability to carry out the details of the schemes devised are particularly great. Because these two can work together harmoniously, their synergistic effort comes to be greater than the mere total of the efforts of each one. In such a case it frequently happens that the one carrying out the plans remains a shadowy background figure to most of those who use the institution or its products. In earlier times, when oral communication had not yet been superseded so extensively by typewritten memos and carbon copies, very little documentary proof of the work of such assistants even existed, and biographers of these people are often at a loss for specific data. Thus it is for Robert Fletcher.

The 36 years that Fletcher spent in the Library represent some seven times the amount he spent in any other professional pursuit during his lifetime, and the work was evidently a labor of love. Having reached this position there was no turning away to another one, no leaving it for another profession. The importance of his work there was acknowledged by many people.

At least twice in his life Fletcher was honored by the Medical profession of Baltimore and Washington by dinners tendered him as a tribute to his work in the Library and medical bibliography in general. In one case Osler arranged the dinner and in the other he came from England to speak at it. In addition, a large group of people, both from the U. S. and overseas, subscribed to a loving cup and a portrait of Fletcher to be hung in Library Hall. He was the subject of an article in the New York Tribune for August 12, 1900, obviously written by an intimate. At Osler's instigation, the Royal College of Surgeons in 1910 presented Fletcher with its Honorary Gold Metal, and in 1912 the University of Bristol gave him an honorary degree. In America numerous schools and societies declared him an honorary member. When Major McCaw became Librarian of the Surgeon-General's Library in 1907, it was intimated to him that he should treat Fletcher well, and Osler noted that McCaw's "kindly interest and care of Dr. Fletcher have been much appreciated by all his old friends." By special Act of Congress in 1891, Fletcher was named Principal Assistant Librarian of the Surgeon-General's Library. On his death, a spate of laudatory obituaries in medical journals all over the world bespoke the esteem in which he was universally held. There is suggestive data, as when we are told by

DINNER IN HONOR OF
DR. ROBERT FLETCHER

JANUARY 11TH, 1906

Buffet Russes

MARTINI COCKTAILS
MANHATTAN COCKTAILS
SHERRY AND BITTERS

DELICES AU CAVIAR
CANAPES D' ANCHOIS

Menu

+

Cape Cod Oysters Marinieres

Clear Green Turtle Soup

Olives

Curled Celery

Salted Almonds

Planked Shad Maître d'Hotel

Potatoes Hollandaises

Cucumbers

Broiled Mushrooms on Toast

Small Bouchées à la Moelle

Sorbet

Marquise au Kummel

Dundon Saubage stuffed with Chestnuts and Sausages

Smithfield Ham Glace

Spinach en Coquilles

Champagne Sauce

Enqueport Cheese and Salad Pulled Bread

Glace

Pudding Diplomate

Petites Fours

Bonbons

Brandy Cherries

Café Noir

HAUT SAUTERNES

SCOTCH WHISKEY

MOËT & CHANDON IMP. BRUT

CLUB SODA

ST. MARCEAUX

LIQUEURS

APOLLINARIS

CIGARS: PARTAGAS & PANATELAS

CIGARETTES

Chas. Rauscher

SEATING PLAN - FLETCHER TESTIMONIAL

DINNER
January 11, 1906

ENTRANCE

Dr. Randolph B. Carmichael
 Dr. A. Barnes Hooe
 Dr. Chas. W. Richardson
 Dr. Jos. C. Bloodgood
 Dr. James F. Mitchell
 Dr. G. Wythe Cook
 Gen. Wallace Randolph
 Dr. H. W. Wiley
 Dr. G. M. Kober
 Dr. W. W. Keen
 Dr. J. T. M. Finney
 Dr. W. M. Polk
 Dr. W. H. Welch
 Dr. A. F. A. King
 Dr. Henry M. Hurd
 Dr. Wm. Osler
 Dr. H. C. Yarrow
 Dr. Robert Fletcher
 Dr. R. M. O'Reilly
 Dr. W. K. Van Reypen
 Dr. Thomas B. Futcher
 Prof. R. S. Woodward
 Admr. J. G. Walker
 Dr. Howard A. Kelly
 Dr. Jas. Tyson
 Dr. Walter Wyman
 Dr. Henry Barton Jacobs
 Dr. W. F. R. Phillips
 Dr. George Tully Vaughan
 Mr. Richard Rathbun
 Dr. J. Whittredge Williams

NORTH

Dr. Z. T. Sowers
 Dr. E. M. Gallaudet
 Dr. Walter A. Wells
 Dr. T. V. Hammond
 Dr. James D. Morgan
 Dr. Walter D. McCaw
 Dr. S. O. Richey
 Dr. W. C. Borden
 Mr. Herbert Putnam
 Dr. Sterling Ruffin
 Dr. Lewellyn Barker
 Gen. Theo. Schwan
 Dr. G. M. Sternberg
 Dr. W. S. Halsted
 Dr. S. S. Adams
 Dr. J. C. Wise
 Gen. Joseph K. McCammon
 Dr. Arnold Hague
 Dr. F. Fremont Smith
 Dr. Cyrus Adler
 Gen. L. A. Matile
 Dr. Middleton Cuthbert
 Dr. Albert L. Stavely
 Dr. C. R. Collins
 Dr. T. N. McLaughlin
 Dr. Geo. N. Acker
 Dr. F. R. Hagner
 Dr. Wm. Gerry Morgan
 Dr. Truman Abbe
 Dr. H. H. Kerr
 Dr. Philip Marvel
 Dr. J. O. Skinner

WEST

Dr. Fielding H. Garrison
 Dr. Dan'l J. Healy
 Dr. Monte Griffith
 Hon. Martin A. Knapp
 Mr. Wm. A. De Caintry
 Dr. G. Lloyd Magruder
 Dr. Thomas A. Chytor
 Dr. J. S. Billings
 Dr. J. M. Flint
 Dr. Chas. K. Mills
 Lieut. Col. A. H. Russell
 Mr. Bernard R. Green
 Col. T. W. Symons
 Dr. J. M. Cabell
 Dr. Thos. M. Chatard
 Dr. J. H. Musser

SOUTH

Osler, in his obituary sketch of Fletcher, that the first time he came to the Surgeon-General's Library Billings put him in the charge of Fletcher, from whom he continued to receive much aid over the years, or Kelly's comment on Fletcher's "rare scholarship and that courteous and cheerful spirit of helpfulness which has endeared him to the entire profession of the United States." In spite of this, the Library files show almost no primary documents. A search of the National Archives does not reveal any data beyond Fletcher's Army career and his subsequent attempts to obtain a government position, plus a few scattered fiscal documents on his contracts and pay. His family retains no Library material from this period of his life. If he wrote or received personal letters pertaining to Library matters, these have not been preserved. But in all probability the Library of the Surgeon General's Office could not have risen to the position it did or have accomplished as much for the good of medicine without the devoted, exacting, and painstaking scholarly work of Robert Fletcher.

CHAPTER VI

During the period that Fletcher was attached to the Library, he first assisted in the editing and later was Editor-in-Chief of the Index Medicus (a private publishing venture), taught medical juris-prudence at Columbian (now George Washington) University in Washington and at the Johns Hopkins University in Baltimore; was one of the founders and for a number of years President of the Anthropological Society of Washington; was President of the Philosophical Society of Washington, the Literary Society, and the Cosmos Club (a social club of scientists

and high government officials); and published a number of papers on literary, philosophical, and anthropological topics. He amassed a large private library which was sold at auction after his death, and the sale attests to the wide range of his interests. Most of all, however, Fletcher was an excellent conversationalist and a bonvivant of the first water. On the latter point, for example, Osler notes that "it was a rare treat to dine with him quietly at his club in Washington. He knew his Brillat-Savarin well, and could order a dinner that would have made the mouth of Coelius Apicius to water;" while his grandson complained about the portrait of Fletcher now in the Library: "It made my grandfather look too frail and almost ethereal, for besides being a scholar he was pretty much of a man." After his wife's death in 1889 Fletcher moved to a commodious apartment in Washington's first apartment building, the Portland on Thomas Circle, where he lived until his own death in 1912, and where he was known as a tall, well-groomed, courteous, typical "gentleman of the old school."

As noted earlier, The Index-Catalogue appeared letter by letter; this meant that fifteen to twenty years might elapse before material on a particular subject would be published. The solution of Billings and Fletcher was the publication of a monthly index to the medical literature, complete from A to Z in each issue. There were four main differences between this monthly list, the Index Medicus, and the more monumental cyclical publication, the Index-Catalogue. The first difference has already been mentioned: the Index Medicus appeared monthly and was alphabetically complete. Second, it included only new literature, being in this way different from the Index-Catalogue, which listed all the

Library's new acquisitions, whether they had been published recently or were early manuscripts. Third, the contents were, at least during the time Fletcher was in charge of it, arranged in a classified order, based upon a scheme of classification used by the British Registrar General for returns of births and deaths and taken over for the medical and anthropological statistics of the Provost-Marshall's Office, after the Civil War. This was in contrast to the Index-Catalogue, which was arranged alphabetically with author and subject entries interfiled.

The fourth great difference between the two publications was that the Index-Catalogue was a government publication, compiled, printed, and distributed by the government, while the Index Medicus was a private venture of Billings and Fletcher, completed outside working hours, published by several private firms in succession, and distributed for a subscription price. A description of the compilation of the latter is furnished by Garrison in the volume of the Index Medicus edited soon after Billings' death. The cards which had been made for the Index-Catalogue during the day were farmed out to the wives of the Library's male clerical force, who copied them in the evening and returned them to the Library the next morning. Billings and Fletcher assigned the subject headings and made the author and subject indexes on their own time; then at the end of the month, the manuscript was sent to the printer in Philadelphia. Galley proofs were read mostly by Fletcher.

It is interesting to speculate upon the reason for the differences between the two publications. No evidence seems to remain to indicate what principles led Billings and Fletcher to vary their products in this way. We can surmise, from the format of the first few numbers, that

the early issues of the Index Medicus were conceived of as a bibliographic journal, with short articles and queries and answers in each issue, as well as the list proper. Such a mixed magazine has had a long history in national bibliography; the English Catalogue of Books, the Bibliographie de la France, and the Halbjahresverzeichnis in Germany as well as Publishers' Weekly in the United States, have all started with and some have continued in this pattern. It may be that the compilers of the Index Medicus merely followed a pattern with which they were familiar, but that only the lack of outside contributors and the burden of preparing the list itself forced them soon to abandon it.

It is also comparatively easy to form a theory about the use of a classified list instead of an alphabetically arranged one. A monthly publication, meant to be superseded finally by another (the Index-Catalogue), and intended to be subscribed to by individuals, would logically be arranged by classified subjects, since presumably the immediate and daily use would be by those who wished to "keep up" with the publications in their fields and those immediately contiguous to them. The particular classification scheme chosen can also be explained; it had been used by Fletcher on the Civil War statistics, and familiarity probably suggested its use for the new work also.

Less easy to understand is the decision to publish the Index Medicus as a private venture. The cost of bibliographic publications and the returns likely to be received for them have never borne much relationship. It is hard to believe that Billings, at any rate, was not aware of this fact; but had he been ignorant of it, a few years' struggle

to build up the subscription list and to make the publication self-supporting, if not profit-making, would have convinced him of this truth. The private publication of a work so closely allied to his public duties would today place a government official under the suspicion that he was somehow using his public position for private ends. It is true this duality was not taken so seriously then as now, as is shown by Billings' work for Johns Hopkins University and Hospital and by the teaching commitments of many of the top Library staff, but it would seem that some question might well have arisen in outsiders' minds about such a situation. No evidence of this has appeared, however.

A possible explanation of the decision not to send the Index Medicus through the government presses may be afforded by the history of the struggle to get the Index-Catalogue published and distributed. Although Billings had the cards for the latter ready for publication for some time, he was not able to persuade Congress to appropriate the money for printing the volumes, and he finally had to enlist the aid of Abraham Jacobi of New York and other well-known physicians, who brought strong pressure on Congress to allow the Index-Catalogue to be printed. Even so, the number of copies authorized was so small that Billings often had to refuse requests for sets of the early volumes; indeed, in early years such letters of refusal frequently included a statement suggesting the inquirer write his Congressman urging larger appropriations for printing.

After such an experience, it can easily be conjectured that Billings felt a monthly publication would not be possible under governmental

appropriations; he may even have been weary of the necessary politicking and the constant obligation under which he was placing himself, and decided to try private means of bringing the information to those who needed it. This may also explain why the first issue of the Index Medicus appeared a year earlier than the Index-Catalogue, though both were from the same cards.

Whatever the reason for it, the Index Medicus appeared as a private venture in 1879 and promptly lost money. During its existence, the subscription price went from \$3.00 to \$25.00 per volume without helping the financial situation very much. The original publisher gave it up to another, and finally in 1899, it had to suspend publication because of financial difficulties of its printers. After three annual volumes of a very poor substitute (Bibliographia medica; Index medicus) had appeared in France, it was decided to revive the American Index Medicus as a semi-public venture, with the financial backing of the Carnegie Institution, of which Billings was President. Fletcher took a firm hand in the planning for the new series. In a letter to Dr. Charles D. Walcott, Secretary of the Carnegie Institution, dated January 3, 1903 Fletcher said,

Your letter of December 3, 1902, advising me of the resolutions adopted by the Trustees of the Carnegie Institution in regard to the publication of the Index Medicus was duly received and acknowledged. I have resolved to accept the proposal to become Editor in Chief of the journal with the understanding that I am to have the assistance of Dr. Fielding H. Garrison as Associate Editor. I can assure you of his competency for the position, which he has agreed to accept.

It is proper to remind you of the opinion which I expressed first in a letter to Dr. Billings, and later to yourself in our interview, of the probable insufficiency of the appropriation made by the Trustees, namely \$10,000 for the first year's expenses of the undertaking. Since I ended the publication of the Index Medicus, nearly four years ago, the quantity of medical literature in the world has materially increased. In a test which I have made during the past month of the number of cards to be copied I find the increase to be fully one third. This means a proportionate increase in the bills for everything up to the Annual Index inclusive. My estimate is as follows:

Cost of Vol. XXI (last published) about	\$6200
Add 1/3 for card-writing, proof-reading, etc.	2067
Add for increased cost of printing, paper, etc.	1500
Editor's salaries: \$1200 and \$600	<u>1800</u>
	\$11,567

So that, in my opinion, the appropriation for the first year should be \$12,000. To this view both you and Dr. Billings assented. The subscriptions will be /sic/ reduce the amount needed, but I think they should not be relied upon to any extent the first year.

In pursuance of our agreement I have had a circular notice printed (which was submitted to you for approval) and 2000 stamped envelopes have been directed and are now ready for mailing. I had a card directory of carefully considered addresses prepared, and this I propose to sent to you for convenience of reference when the subscriptions begin to reach you. About half of these circulars go to foreign universities and schools, the remainder in the United States. I append to this letter a copy of the circular notice.

I have made formal application to the Surgeon General of the Army, General O'Reilly, for permission to have the office cards copied for Index Medicus use. It was gladly granted.

I may add that Rockwell and Churchill of Boston, who printed the 21 volumes of the Index Medicus did most excellent work which was the admiration of our subscribers. They procured expensive fonts of accented type (there are often twenty languages represented in the work) and they have skilled workmen who know how to use such type. I talked with the Chief of one of the principal printing offices in this city, but he fairly admitted his inability to undertake the kind of composition required.

There are many miscellaneous expenses which should be paid from a ready money fund. I think it would be well for me to make the requisition for a small amount as needed from time to time. A statement of these disbursements with vouchers can be sent monthly or quarterly as you desire. I enclose such a requisition for \$300 out of which to begin with the expenses of the circulars and envelopes may be defrayed.

From its inception in 1879 to 1895, when Billings left the Army, Billings and Fletcher edited the Index Medicus. From 1895 to his final retirement because of age in 1911, Fletcher was editor and Garrison was his assistant; upon Fletcher's retirement, Garrison was placed in complete charge. The later history of the Index can be traced in other places.

When the Index Medicus was revived in 1903, Osler gave a dinner to celebrate the event, and to honor Fletcher. "Dear Dr. Fletcher," Osler wrote on February 8, 1903, "I wish you to give me the pleasure of your company at dinner at the Maryland Club to celebrate in a quiet way the reappearance of the Index Medicus. I will ask a doz. or more of the men who are interested. Would Saturday eve the 28th suit you. I would like to ask your Assistant Editor --- if you so desire --- and the Surgeon General and ? /sic/ who has succeeded Reed in the Library. Yarrow of course; & who in New York, and Phila? Jim Chadwick I dare say will come." The actual dinner was finally held on April 18, and, in view of Osler's later remarks about Fletcher's skill at ordering a dinner, the menu is of interest. Eight courses were accompanied by five wines before the coffee and liqueurs arrived; we can assume that after-dinner speeches and comfortable cigar smoking followed.

In his 88th year Fletcher tendered his resignation as Editor of the Index Medicus to the Carnegie Institution to take effect on December 31, 1911. Robert S. Woodward, the President of the Institution,

replied, "...the Executive Committee...accepted it with the warmest expressions of regret that advancing years should make this step necessary, and with expressions of admiration for the scholarly and painstaking labors you have so long devoted to the preparation and publication of the Index Medicus." Then, at the suggestion of Fletcher, they appointed Fielding H. Garrison the new editor.

Anthropology

A sketch of Robert Fletcher done in 1893 by P. Renouard for Harpers' Weekly has as shadowy figures in the background behind Fletcher's head some characters out of English literature, while before him on the desk are a number of skulls. In this way the artist attempted to indicate some of the fields with which Fletcher was connected and to which he had made significant contributions. It is difficult to know when Fletcher first became interested in the field of anthropology, although it is probably safe to say that his work on the statistics of the Civil War intensified whatever interest he had had in this field earlier. It is true Fletcher compiled the history and bibliography of anthropometrics in the Baxter volumes; whether this was due to his previous interest in and knowledge of the subject, or whether the historical sketch and bibliography brought forth an interest in the subject is hard to determine. From this time on Fletcher read deeply in the subject, collected in it both privately and for the Surgeon-General's Library, published a few articles, and helped to bring into being an organization in Washington where all those interested in the subject could come together for discussions.

Anthropology in the 1880's, when the Anthropological Society of Washington was getting under way, had not yet been so extensively subdivided as today. The line between physical and cultural anthropology had not been drawn with present-day rigor, and the study of primitive societies was still being undertaken by amateurs, for the most part -- travellers looking for the quaint and surprising, colonial officers whose main interest was in retraining "natives" into European ways, and missionaries searching for the evidences of cultural evolution inevitably leading to what they considered the highest form of the good society, western Christianity. At the same time that the Parisian school of Paul Broca was emphasizing the collecting, description, and classification of anthropological facts (for example, by the establishment of museums of skulls and other bones and the classification of primitive religious beliefs), the Italians under Lombroso were attempting a correlation between physical form and social characteristics. Anthropology was thus breaking up into a study closely allied to anatomy on the one hand, and one allied to the social sciences (especially penology) on the other.

Fletcher appears to have been interested in both aspects of the subject. He collected catalogs of the holdings of museums of physical anthropology in Europe and the United States with the same assuidity with which he added to the Library works on Siberian shamanism, American Indian burial practices, and crime detection among various peoples. He wrote, for example, both on prehistoric trephining and on the new school of criminal anthropology. Undoubtedly he was partly

influenced in this field by the presence of the Army Medical Museum in the same building with the Library, with its collections of anthropological materials and an active staff including such people as William Woodward and Lamb, and partly by his earlier work with Baxter. But perhaps as influential as any of these was Fletcher's catholic interest in all human affairs. Like Terence, he could say, "Humani nihil a me alienum puto."

In anthropology, as in a few other subjects, Fletcher's importance is as a catalyst and as an instigator of interest in others, not as one who does fundamental research on his own or makes useful additions to man's knowledge of the subject. He was basically a middleman-librarian, what Billings in another context called "a hod carrier," helping to build the intellectual edifices of the future. A list of Fletcher's writings in the field of anthropology does not reveal any work comparable to the bibliographic publications he was turning out at the same time. By the very fact that he was instrumental in founding the Anthropological Society and continued as President during its formative years, however, he was useful to the field providing a forum for the people who were making the real advances in the new science. Nor is this a minor matter. If science is cumulative, then each scientist must know the work of the people in his field in order to build on it. Without such communication, each person must discover for himself all that has already been known. Throughout the history of science the importance of the founding of scientific societies in the forward development of knowledge cannot be stressed too strongly. The Anthropological Society of Washington may not have been another Royal Society

or an Accademia dei Lincei, but within its own sphere it was as important as these, and to Fletcher must be attached some of the glory of this fact.

Literary work

As a young boy Fletcher had kept a commonplace book, which is still preserved. In it, whether under pressure from some adult or by his own design, he copied bits of prose and poetry which had interested him. This collection shows the wide tastes of the boy, for material in English, French, and German, and on a variety of subjects is included; his future deep interest in the works of Shakespeare is also shown. A few moral precepts are dutifully copied out, but for the most part the passages selected recount some stirring event or describe the beauty of nature. Wide reading in all literature, but especially in Shakespeare, an interest in people, and a delight in nature were to be characteristics of Fletcher all his life.

The wide range of Fletcher's reading and the ability to quote pertinent passages at will made his conversation a delight to all those about him. As noted earlier, Brinton had commented on Fletcher's conversational powers, which he enjoyed while both were stationed at Nashville during the Civil War. Osler recalled in later years how a group of the physicians from Johns Hopkins frequently would join Fletcher at Dr. Hurd's after Fletcher's lectures at the medical school and partake of a meal and wonderful conversation. Garrison mentioned Fletcher's conversational style with such respect and enjoyment that it is interesting to conjecture if the younger man's famous style might not have

been modelled, consciously or unconsciously, on the older man's. As noted, even as late as 1959, Dr. W. W. Francis of McGill University, cousin of Osler, recalled with nostalgic pleasure Fletcher's conversational encounters when both dined at Osler's home in 1890's. Apparently all who heard Fletcher discourse came away delighted, dazzled, and completely enthralled.

As in anthropology, so in belles lettres Robert Fletcher did very little scholarly research. A few of his writings, such as the article on the robin redbreast in English literature, medical lore in older English dramatists, or word derivations in old English, are useful and enjoyable compilations. In a sense, they are truly library works -- a kind of annotated bibliography strung together -- but in no sense do they contain new insights or new conclusions derived from the information amassed. A request which he received in February 1890 from Dr. S. P. Langley, Secretary of the Smithsonian Institution, shows the kind of use to which Fletcher's encyclopedic literary knowledge could best be put. Langley wrote:

My dear Doctor Fletcher:...I would esteem it a very great favor if you could furnish for certain birds among The Birds of Literature in the Children's Case, one or two mottoes, with quotations, and perhaps some brief allusion to any habits of the bird which may have given occasion to the poet's expression...

...If you should happen to recall any quaint quotation from an old author about the Barnacle Goose, or other like superstitions connected with birds, I should be very glad to get them...

A knowledge of such tag ends of quotations and literary allusions was Fletcher's greatest strength, and it is not surprising that in preparing

an exhibit intended to tie up nature and literature, the Smithsonian would turn to Fletcher for aid. Unlike Bartlett and his Familiar Quotations, however, Fletcher never compiled and indexed his knowledge in this field, and beyond a few articles (the last of which appeared posthumously), Fletcher's stock of such information was lost at his death. I may be that the literary talents of his eldest son, Robert Howe Fletcher, who published a number of short stories and novels of the West, were fostered by his father's similar interests.

Teaching

From 18 to 18 , Fletcher taught medical jurisprudence at the Columbian Medical College (now George Washington University), and for a number of years he journeyed to Baltimore once a week to lecture to the medical students on the same topic. Although he had originally been intended for the law and had actually started his studies for that profession, this was British law, and of the 1830's and 1840's, to boot. Our lack of knowledge about when he picked up enough information about American medical law to be able to teach it at one of the leading medical schools is as baffling as our ignorance of the date when he first began his lectures. Much more is known about his attempt to resign his position there in 1904; from the interchange of letters about this, it would appear that by then the lectureship was of fairly long standing--if one can use this phrase about a school which had not even been in existence for twenty years.

In February 1904, at the age of 80, Fletcher sent to Dr. W. H. Howell, Dean of the Faculty of Medicine at Johns Hopkins, his resignation as lecturer in forensic medicine. He apparently gave as his reasons his age

and the feeling that he was taxing his eyes unduly by the continuous night work he felt to be necessary to keep his lectures up-to-date.

Dr. Howell consulted with Dr. Hurd, the Superintendent of the Hospital, and other members of the Faculty; then, on February 25, wrote suggesting that Fletcher withdraw the resignation, "unless the reason is imperative."

To this Fletcher replied on March 1, "I thank you for your courteous remarks in relation to my resignation as lecturer. Permit me to say to you, in all frankness, that my sole reason for sending it in was an impression on my part that perhaps it might be desired to confide the work to a younger man, and I desired to leave the Faculty at full freedom to exercise their judgment in the matter."

Dr. Hurd seconded Howell's entreaties. "We wish to keep you as long as you are willing to remain with us," he noted on March 10. "Your lectures are much appreciated by the medical students and I know of no one who would at all fill your place." A week later the Faculty met, and Hurd reported the results to Fletcher immediately:

Dear Dr. Fletcher: - Please pardon my writing with the typewriter, but I am anxious to communicate with you as promptly as possible.

Your resignation was presented by Dr. Howell at the meeting of the Medical Faculty on Thursday afternoon last. There was, however, such a unanimous feeling of regret and a universal desire that you still continue your connection with the Medical School, I asked that final action be postponed until the next monthly meeting. Meantime I was asked to write to you to express the regret of the Faculty that you had come to this decision, and to ask if it would not be possible for you to still continue to hold the place without taxing your eyes by night work. In other words, the lectures which you are delivering are so satisfactory, the members of the Faculty feel that they do not need constant rewriting. If you feel able to endure the fatigue and exposure of the journey here, I am sure everyone will be fully satisfied with the lectures as they are.

Fletcher did not withstand these flattering pressures for long. Hurd's letter of March 19 was answered on the 22nd with one agreeing to continue as lecturer, a position he retained for another five years.

Although Fletcher prepared his notes in the evening on his own time, the time of his journeying to and from Baltimore and the actual lectures were all part of a normal working day. This was true of Billings' and later Garrison's lectures, indicating how usual was such extra-library employment.

Other interests

We know that Fletcher was connected with the Philosophical Society of Washington and with the Cosmos Club, of which he was President at one time, but little more than this is known of his connection with the two groups. It is likely that the number of scientists and philosophers in Washington in the decades between Grant's administration and the turn of the century was so small that almost all of them belonged to the same professional and social groups, in which the offices were passed around over a period of years among nearly all members. Such a view is bolstered by the fact that Billings held membership in most of the same local organizations as did Fletcher, and that both were elected to the same offices at different times. In such a situation, an organization would tend to rise or fall in importance and usefulness according to the characteristics of the particular individual heading it at a particular time. Even without documentary evidence, it seems reasonable to assume that the kitchens and wine cellars of the Cosmos Club grew and flourished during the years when Fletcher was President. Undoubtedly the spirits of

Escoffier, Brillat-Savarin, and the Discoverer of Roast Pig rejoiced at the election of Fletcher to this office.

In 1904 at the age of 80 Fletcher, who had once claimed to have suffered so severely with spinal neuralgia that he had to give up the practice of medicine, was in such good physical condition that a weekly round trip on the steam cars between Baltimore and Washington did not deter him from continuing his series of lectures at the Medical School. Perhaps he took Osler's famous advice about a heart disease--to take good care of it and so outlive all his contemporaries. Or perhaps Fletcher's own motto about illness, "treat it with contempt," helped him personally. Whatever the cause, Fletcher continued well and interested in the world about him for almost a decade thereafter. He came to the Library daily; he answered questions for a few chosen people; he classified material for the Index-Catalogue and Index Medicus; and he read proof in the minuscule type used therein - all apparently without difficulty. Major McCaw, who succeeded to the Librarianship in 1904, gave a cheerful picture of Fletcher's last years. "Time dwelt very gently with him," he noted. "Except for the feebleness of extreme old age, his health was excellent and his mind unimpaired."

Thus Fletcher continued until the spring of 1911, when he was the victim of a severe attack of diphtheria. In view of his advanced age (he was 88 years old at that time), it is not surprising that he recovered very slowly. Even after he returned to the Library in the early fall, which he insisted upon doing against the advice of some of his friends, he was not completely well. He continued to read proofs at the Library desk up to a few days of his death; finally his weakness precluded even this

exertion. He went home to rest, where he died peacefully on November 6, 1912. A few days later he was buried with military honors in Arlington Cemetery besides the body of his wife and overlooking the Mall which led to his beloved Surgeon-General's Library.

CHAPTER VII

Today we stand almost fifty years from the death of Robert Fletcher. With this perspective, can we determine what Fletcher really did or evaluate his contributions to society? His contemporaries seemed to have no doubt of his place in the world; yet to our generation he is a shadowy and forgotten figure, worthy only of a footnote or two. We are baffled by the paucity of documentation about him and confused by the realization that a man apparently so useful to and so beloved by his peers should have so quickly become a kind of ethereal myth, with fact and story and conjecture all interwoven.

What his fellows thought of Robert Fletcher has been revealed in the pages which have gone before. It appears to me that Fletcher's greatest contributions to the world about him were directly related to his love for order and tidiness and good records. This is shown in his three greatest triumphs: the first was in his work as Medical Purveyor during the Civil War, where he took the broken system (or lack of system) of the Medical Department and made it so workable that the troops of Generals Grant, Sherman, and Thomas could be put into the field with assurance of adequate medical equipment wherever and whenever they needed it.

His second great success was in the field of medical bibliography. We have noted that Fletcher's Civil War accounts were kept so carefully that it was possible to audit them in a few days after the conflict.

The same feeling for good records undoubtedly made Fletcher a careful, exact, painstaking, and accurate medical bibliographer--the ideal editor for the Index-Catalogue and the Index Medicus. It is fascinating to spin conjectures of what would have happened if Fletcher had not been there to bring to fruition the plans laid by Billings. Would Billings have concluded the system itself was unworkable and devised another one, or would he have been able to obtain another assistant who was Robert Fletcher in all but name? We do not know; all we are sure of is that Fletcher was essential to the success of the bibliographic endeavors of the Surgeon General's Library; had he not been there it would have been necessary to locate someone like him. Here also it was Fletcher's love of accurate records which led him to this, his greatest triumph.

The third great contribution which Fletcher made to the world was the help he gave to the users of the Library, and this was due fundamentally to his enormous memory, in which he apparently was able to keep thousands and thousands of facts neatly sorted and cataloged, to be produced when requested by inquirers. Although this was undoubtedly one of the traits which brought him the greatest fame, even awe, from his colleagues, to one of this generation it seems to have retarded rather than helped the Library, if one takes the long-term view. Many things can be kept in the memory of most intelligent people, and for these no formal set of catalogs or other mnemonic devices are necessary. Adding to the number of such bits of information, however, finally results in a situation where some external system must be set up to act as the memory for all the facts.*

*This is no new problem, of course. The Preface to the first known concordance to an English Bible - the early 15th century Wydiffeite New Testament - states in part, "Mannes mynde, yat is ofte robbid of ye tresour of kunnyng bi ye enemye of science, yat is forgetyng, is greetly releaved bi tablis maad bi lettre after ye ordre of ye a,b,c,..."

Billings and Fletcher were able to see that in the field of medical bibliography the time for an outside system had already come; no one could any longer remember everything that was being published in the field. This was the impetus for founding the indexes they edited and published. But medical literature, although broken up into a large number of units, appeared physically in only a finite number of volumes on the Library's shelves. Apparently to these two men with prodigious memories the time had not yet come which would demand an elaborate external system for locating the containers in which the literature was stored--the monographs and journals on their shelves. As a result, when these men left the Library, no one could carry on effectively. Had Fillings' and Fletcher's internal systems of cataloging and classifying by memory not been so effective, they would probably have realized the need and devised a scheme for numbering, perhaps classifying numerically, the collection and for preparing a permanent card catalog of the books in the Library. This is borne out by the fact that Billings started such a system when he went to the New York Public Library. If this had been begun at the Surgeon-General's Library when the dynamic spirit of Billings and Fletcher was still a moving force, the work could have been undertaken while the literature was still of manageable proportions, and the uneasy period of the Renaissance of the 1930's and 1940's in the Army Medical Library could probably have been avoided. Thus Fletcher's personal strength led to a grave weakness in the institution he served.

In the other fields in which Fletcher was interested, his importance is minor. His work in anthropology, literature, even medical juris-prudence, was such that probably many another person would have been equally useful and successful. Even in these fields, however, his contributions seem of the cataloging, record-keeping, tidying variety. They reveal Fletcher as a well-rounded man with many facets to his interests, but with a single focus: accurate records.

The traits of accuracy, liking for complete records, order, service to questioners, and even courtesy are those of the ideal librarian. As Sir Humphrey Rolleston has defined him, "the ideal librarian is a saintly character with a keen interest not only in books but in their would-be readers, whose time he saves thereby helping them, rather than himself, into print and prominence." In this sense Robert Fletcher was one of the truly great librarians--those intermediaries between scholars and scholarship whose monuments are the writings of those they serve.

The Fletcher Family

When Robert Fletcher was born in Bristol, England, March 6, 1823, his family had only recently moved to that city, situated six miles from the mouth of the Avon at its junction with the Frome River. Previously the Fletchers had been connected with the city of Chester, county seat of Cheshire County, which was important in early days as a military center, since it commands the coastal route to North Wales and has always been important as a link on the west coast road to Scotland. During the Roman occupation of Britain, Chester was the site of a legionary fortress, a fact commemorated in its name, which is an abbreviation of its early English designation, Legecaestir, "the camp of the Legion." Chester was no less important in the time of the Conquest than it was in Roman times. It was fortified and strongly garrisoned by William the Conqueror, while its naturally strategic position saw to it that succeeding monarchs continued its military character.

Although there are no records extant to prove this, it is the tradition of the Fletcher family that one of their ancestors came to England in the train of William the Conqueror and was settled in Chester to help keep the English subdued, for which some of the conquered lands were turned over as payment. We are more certain about Hugh le Fletcher, who was appointed High Constable of the Royal Castles at Denbigh, Flint, and Chester by Henry IV in the year 1400, and about his two descendants Richard Fléchiar, who owned land in the Duchy of Lancaster in 1507, and Sir Richard le Fléchiar, High Constable at Chester Castle in 1537.

The early Fletchers (the name itself means an arrow-maker or arrow-tipper and thus again testifies to the military calling of the family), were allied to the Lancastrians during the War of the Roses, Hugh le Fletcher even going so far as to accompany Richard II to France when that monarch attempted to invade the continent. It is not surprising, therefore, to find the fortunes of the family fluctuating as the Yorkists' and Lancastrians' own fortunes did. And perhaps it is also not surprising to note more peaceful pursuits in the history of the family about this time. The War of the Roses, which dragged on inconclusively for a weary time, drained much of the kingdom of its resources; it was a time "when twenty-thousand men marched up the hill and then marched down again." After the Tudors finally came to power, however, the strong central government was able to put down private armies, and England could turn from fighting to trading. By the 16th and 17th centuries the important and wealthy people in such cities as Chester were guildsmen; the tanners, the drapers, the glovers, the wool merchants, and the like.

The Fletchers appear to have been as distinguished in the latter, more peaceful, fields as they had been in fighting. Thomas Fletcher, Mayor of Chester during the Spanish War (1597/98), had risen to prominence first as Alderman and then as Sheriff, and as a result many of his papers have been preserved in the Harleian Collection at the British Museum. Since tanning had become the city's most important industry, the Mayor was naturally much disturbed when an embargo was placed on trading with Spain. Indeed, he had reason to worry; the loss of this trade, plus the

general silting up the River Dee at Chester, was to be the downfall of the fortunes of his city.

On August 8, 1598 this Thomas Fletcher addressed a letter to William Cecil, Lord Burghley, in London describing the difficulties under which Chester was suffering as a result of the embargo. The city had been used as a way station for the transportation of soldiers to Ireland; the cost of this service, plus the inability to trade with the enemy or even to send ships to Bordeaux and Rochelle, had bankrupted many a citizen. "By this means," Fletcher points out, "all traffic here is stayed and there has not been one ship nor small bark laden since Christmas last with any foreign place" and they will all be ruined "except . . . some toleration had by you till her Majesty shall have further considered their suit." Unfortunately Chester never got the dispensation it desired and never recovered from this set-back.

Later Fletchers, such as a 17th century Robert Fletcher of Cork and his son John Fletcher, combined the two callings of peace and of war, being Commissary of Stores in British armies; the latter was killed in the battle of Blenheim in 1704. On the whole, however, the family sank into the ranks of the middle class early in the 17th century and so remained until the time of the Robert Fletcher of this memoir.

Robert Fletcher's father, also named Robert, was an accountant and lawyer, who had been born and baptized in Liverpool, the commercial rival of Chester, in 1789. In 1813 he married Esther Wall, by whom he had six children, all of whom lived to adult life. (Three of them emigrated to the British colonies or the U.S.) Evidently practice in Liverpool was

not very remunerative, for sometime before 1820 Robert Fletcher removed his family to Bristol. Here financial conditions seem to have been more favorable, for we know he was able to afford a good-sized Victorian home and gardens, named Ashley Hall, which looks out of an old photograph as a pleasant and comfortable, if somewhat formal, place in which to bring up a large family. Mrs. Fletcher died there in 1859 at the age of 64, but her husband lived for almost twenty more years before he too passed away on December 22, 1878. In his last years, as might be expected, he was much enfeebled physically - though the family tradition assigned to his mind the same alertness of earlier days. Upon his death it was found that he had provided generously for his son, Dr. Robert Fletcher, but had left the patrimony in a trust fund rather than outright.

CHRONOLOGICAL LIST OF WRITINGS OF ROBERT FLETCHER

An outline of the history of anthropometry, or the attempts to ascertain the proportions of the human body. (In: Statistics, medical and anthropological, of the Provost-Marshall-General's Bureau. Wash., Gov't. Print. Off., 1875, v. 1, p. LXII-LXXXVII)

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